



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Golden Rule Insurance Company

NAIC Group Code	<u>0707</u> (Current)	<u>0707</u> (Prior)	NAIC Company Code	<u>62286</u>	Employer's ID Number	<u>37-6028756</u>
Organized under the Laws of	<u>Indiana</u>			State of Domicile or Port of Entry		<u>IN</u>
Country of Domicile	<u>United States of America</u>					
Incorporated/Organized	<u>06/17/1959</u>			Commenced Business	<u>06/23/1961</u>	
Statutory Home Office	<u>7440 Woodland Drive</u> (Street and Number)			<u>Indianapolis , IN, US 46278</u> (City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>7440 Woodland Drive</u> (Street and Number)					
	<u>Indianapolis , IN, US 46278</u> (City or Town, State, Country and Zip Code)			<u>317-290-8100</u> (Area Code) (Telephone Number)		
Mail Address	<u>7440 Woodland Drive</u> (Street and Number or P.O. Box)			<u>Indianapolis , IN, US 46278</u> (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>7440 Woodland Drive</u> (Street and Number)					
	<u>Indianapolis , IN, US 46278</u> (City or Town, State, Country and Zip Code)			<u>317-290-8100</u> (Area Code) (Telephone Number)		
Internet Website Address	<u>goldenrule.com</u>					
Statutory Statement Contact	<u>Jeremy Michael Schoettie</u> (Name)			<u>317-715-7918</u> (Area Code) (Telephone Number)		
	<u>jschoettie@unitedhealthone.com</u> (E-mail Address)			<u>317-298-0875</u> (FAX Number)		

OFFICERS

President, Chief Executive Officer, Chair	<u>Patrick Francis Carr</u>	Treasurer	<u>Robert Worth Oberrender</u>
Secretary	<u>Richard Charles Sullivan</u>	Vice President, Chief Financial Officer	<u>Jeremy Michael Schoettie #</u>

OTHER

<u>Michael Lee Corne, Vice President</u>	<u>Nyle Brent Cottingham, Vice President</u>	<u>Douglas Ford Crockett #, Vice President, Chief Operating Officer</u>
<u>James Mark Gabriel, Senior Vice President</u>	<u>Joy Olilani Chieko Higa #, Assistant Secretary</u>	<u>Heather Anastasia Lang Jacobsen #, Assistant Secretary</u>
<u>James Elmer Prochnow, Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Patrick Francis Carr</u>	<u>Michael Lee Corne</u>	<u>Douglas Ford Crockett</u>
<u>James Mark Gabriel</u>	<u>Richard Charles Sullivan</u>	

State of Indiana SS:
County of Marion

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

<u>Patrick Francis Carr</u> President, Chief Executive Officer, Chair	<u>Richard Charles Sullivan</u> Secretary	<u>Jeremy Michael Schoettie</u> Vice President, Chief Financial Officer
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Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	350,625		29,744		380,369
2. Annuity considerations	24,776				24,776
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	375,401	0	29,744	0	405,145
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	609,717		(435)		609,282
10. Matured endowments					0
11. Annuity benefits	348,382				348,382
12. Surrender values and withdrawals for life contracts	385,354				385,354
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,343,453	0	(435)	0	1,343,018
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	7	777,594			1	(435)			8	777,159
18.1 By payment in full	6	609,717			1	(435)			7	609,282
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	609,717	0	0	1	(435)	0	0	7	609,282
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	609,717	0	0	1	(435)	0	0	7	609,282
19. Unpaid Dec. 31, current year (16+17-18.6)	1	167,877	0	0	0	0	0	0	1	167,877
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	274	42,794,731	0 (a)	0	0	13,503,000	0	0	274	56,297,731
21. Issued during year	69	4,030,000							69	4,030,000
22. Other changes to in force (Net)	(26)	(1,958,453)			0	(2,866,000)			(26)	(4,824,453)
23. In force December 31 of current year	317	44,866,277	0 (a)	0	0	10,637,000	0	0	317	55,503,277

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	14,031,998	14,298,480		7,751,889	7,605,164
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,621	11,103		13,893	13,483
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	283	250		0	0
25.5 All other (b)	852,499	858,284		361,114	373,974
25.6 Totals (sum of Lines 25.1 to 25.5)	864,403	869,636	0	375,007	387,457
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,896,401	15,168,117	0	8,126,896	7,992,621

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6,505 and number of persons
insured under indemnity only products 10 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

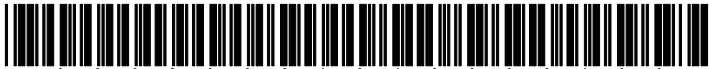
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	35	10,116,097	0 (a)	0	0	0	0	0	35	10,116,097
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(574,486)			0	0			(2)	(574,486)
23. In force December 31 of current year	33	9,541,611	0 (a)	0	0	0	0	0	33	9,541,611

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	(426)	(426)		(607)	(458)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	31,515	28,906		14,981	13,346
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	44,714	46,991		22,399	22,558
25.6 Totals (sum of Lines 25.1 to 25.5)	76,230	75,897	0	37,380	35,904
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	75,804	75,471	0	36,773	35,446

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 11 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	503,882		111,621		615,503
2. Annuity considerations	54,945				54,945
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	558,827	0	111,621	0	670,448
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,144				1,144
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,144	0	0	0	1,144
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,144	0	0	0	1,144
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	648,881		0		648,881
10. Matured endowments					0
11. Annuity benefits	430,643				430,643
12. Surrender values and withdrawals for life contracts	354,276				354,276
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,433,800	0	0	0	1,433,800
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	175,108	0	0	0	0	0	0	3	175,108
17. Incurred during current year Settled during current year:	8	473,773			0	0			8	473,773
18.1 By payment in full	11	648,881			0	0			11	648,881
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	648,881	0	0	0	0	0	0	11	648,881
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	648,881	0	0	0	0	0	0	11	648,881
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	479	100,913,057	0 (a)	0	0	62,329,000	0	0	479	163,242,057
21. Issued during year	69	3,720,000							69	3,720,000
22. Other changes to in force (Net)	(30)	(3,961,438)			0	(13,584,000)			(30)	(17,545,438)
23. In force December 31 of current year	518	100,671,619	0 (a)	0	0	48,745,000	0	0	518	149,416,619

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	92,917,819	94,749,318		73,893,605	72,832,711
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	391,383	359,945		287,296	271,157
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,903	1,659		3,446	3,311
25.5 All other (b)	2,381,665	2,378,112		1,292,320	1,297,358
25.6 Totals (sum of Lines 25.1 to 25.5)	2,774,951	2,739,715	0	1,583,062	1,571,826
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	95,692,770	97,489,033	0	75,476,667	74,404,537

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 36,573 and number of persons
insured under indemnity only products 134 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	359,496		32,996		392,492
2. Annuity considerations	8,343				8,343
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	367,839	0	32,996	0	400,835
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	698,281		(49)		698,232
10. Matured endowments					0
11. Annuity benefits	825,641				825,641
12. Surrender values and withdrawals for life contracts	449,055				449,055
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,972,977	0	(49)	0	1,972,928
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	9	698,281			1	(49)			10	698,232
18.1 By payment in full	9	698,281			1	(49)			10	698,232
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	698,281	0	0	1	(49)	0	0	10	698,232
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	698,281	0	0	1	(49)	0	0	10	698,232
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	447	77,800,749	0 (a)	0	9	15,068,000	0	0	456	92,868,749
21. Issued during year	14	475,000							14	475,000
22. Other changes to in force (Net)	(41)	(6,888,921)			0	(3,992,000)			(41)	(10,880,921)
23. In force December 31 of current year	420	71,386,828	0 (a)	0	9	11,076,000	0	0	429	82,462,828

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	14,926,650	14,900,153		12,030,089	11,907,443
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	340,391	316,823		325,138	317,563
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	399,672	403,871		183,530	160,745
25.6 Totals (sum of Lines 25.1 to 25.5)	740,063	720,694	0	508,667	478,308
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,666,713	15,620,847	0	12,538,757	12,385,751

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,919 and number of persons
insured under indemnity only products 169 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF California
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,414,132		41		1,414,173
2. Annuity considerations	175,515				175,515
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,589,647	0	41	0	1,589,688
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,018				1,018
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	225				225
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,243	0	0	0	1,243
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,243	0	0	0	1,243
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,878,278		0		2,878,278
10. Matured endowments					0
11. Annuity benefits	2,423,697				2,423,697
12. Surrender values and withdrawals for life contracts	1,885,418				1,885,418
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,187,393	0	0	0	7,187,393
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	161,681	0	0	0	0	0	0	2	161,681
17. Incurred during current year Settled during current year:	30	3,037,306			0	0			30	3,037,306
18.1 By payment in full	27	2,878,278			0	0			27	2,878,278
18.2 By payment on compromised claims									0	0
18.3 Totals paid	27	2,878,278	0	0	0	0	0	0	27	2,878,278
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	27	2,878,278	0	0	0	0	0	0	27	2,878,278
19. Unpaid Dec. 31, current year (16+17-18.6)	5	320,709	0	0	0	0	0	0	5	320,709
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	876	187,284,257	0 (a)	0	0	0	0	0	876	187,284,257
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(34)	(6,049,966)			0	0			(34)	(6,049,966)
23. In force December 31 of current year	843	181,259,291	0 (a)	0	0	0	0	0	843	181,259,291

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	35,909	37,749		13,028	12,460
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	46,930	43,405		72,827	79,702
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1	1		0	0
25.5 All other (b)	1,246,797	1,251,221		593,217	611,291
25.6 Totals (sum of Lines 25.1 to 25.5)	1,293,728	1,294,627	0	666,044	690,993
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,329,637	1,332,376	0	679,072	703,453

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 41 and number of persons insured under indemnity only products 27 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	669,794		6,427		676,221
2. Annuity considerations	15,491				15,491
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	685,285	0	6,427	0	691,712
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	455				455
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	455	0	0	0	455
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	455	0	0	0	455
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,718,865		0		1,718,865
10. Matured endowments					0
11. Annuity benefits	396,967				396,967
12. Surrender values and withdrawals for life contracts	1,073,345				1,073,345
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,189,177	0	0	0	3,189,177
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	5,309	0	0	0	0	0	0	1	5,309
17. Incurred during current year Settled during current year:	13	1,713,556			0	0			13	1,713,556
18.1 By payment in full	14	1,718,865			0	0			14	1,718,865
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	1,718,865	0	0	0	0	0	0	14	1,718,865
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	1,718,865	0	0	0	0	0	0	14	1,718,865
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	737	127,284,187	0 (a)	0	0	1,581,000	0	0	737	128,865,187
21. Issued during year									0	0
22. Other changes to in force (Net)	(50)	(7,672,510)			0	(55,000)			(50)	(7,727,510)
23. In force December 31 of current year	687	119,611,678	0 (a)	0	0	1,526,000	0	0	687	121,137,678

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	15,450,445	15,579,736		14,235,182	13,953,097
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,375,174	12,846,729		10,879,849	12,762,984
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,460	6,967		46,553	(14,126)
25.5 All other (b)	5,904,407	6,331,067		7,897,075	768,335
25.6 Totals (sum of Lines 25.1 to 25.5)	22,284,040	19,184,763	0	18,823,476	13,517,194
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,734,485	34,764,499	0	33,058,658	27,470,291

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,325 and number of persons
insured under indemnity only products 219 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	651,097		0		651,097
2. Annuity considerations	63,230				63,230
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	714,327	0	0	0	714,327
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	906,102		0		906,102
10. Matured endowments					0
11. Annuity benefits	296,679				296,679
12. Surrender values and withdrawals for life contracts	1,394,687				1,394,687
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,597,469	0	0	0	2,597,469
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	78,679	0	0	0	0	0	0	2	78,679
17. Incurred during current year Settled during current year:	6	927,423			0	0			6	927,423
18.1 By payment in full	7	906,102			0	0			7	906,102
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	906,102	0	0	0	0	0	0	7	906,102
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	906,102	0	0	0	0	0	0	7	906,102
19. Unpaid Dec. 31, current year (16+17-18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	915	173,967,918	0 (a)	0	0	150,000	0	0	915	174,117,918
21. Issued during year	8	475,000							8	475,000
22. Other changes to in force (Net)	(70)	(11,204,178)			0	(150,000)			(70)	(11,354,178)
23. In force December 31 of current year	853	163,238,741	0 (a)	0	0	0	0	0	853	163,238,741

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	141,520	70,421		73,511	78,993
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	9,960
25.2 Guaranteed renewable (b)	7,311,507	7,180,684		7,618,704	6,916,697
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	29,568	25,609		10,794	17,200
25.5 All other (b)	12,613,050	12,653,526		8,952,463	8,390,989
25.6 Totals (sum of Lines 25.1 to 25.5)	19,954,126	19,859,819	0	16,581,961	15,334,845
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,095,646	19,930,241	0	16,655,471	15,413,838

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,180 and number of persons insured under indemnity only products 22 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	109,981		0		109,981
2. Annuity considerations	7,439				7,439
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	117,420	0	0	0	117,420
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	225,458		0		225,458
10. Matured endowments					0
11. Annuity benefits	(26,780)				(26,780)
12. Surrender values and withdrawals for life contracts	130,363				130,363
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	329,040	0	0	0	329,040
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	225,458			0	0			1	225,458
18.1 By payment in full	1	225,458			0	0			1	225,458
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	225,458	0	0	0	0	0	0	1	225,458
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	225,458	0	0	0	0	0	0	1	225,458
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	126	21,237,373	0 (a)	0	0	0	0	0	126	21,237,373
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(432,784)			0	0			(4)	(432,784)
23. In force December 31 of current year	122	20,804,589	0 (a)	0	0	0	0	0	122	20,804,589

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	104,527	99,430		23,104	28,462
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	612,380	1,076,567		471,241	449,645
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,390	3,723		0	0
25.5 All other (b)	784,981	771,307		303,665	251,037
25.6 Totals (sum of Lines 25.1 to 25.5)	1,401,751	1,851,598	0	774,906	700,682
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,506,278	1,951,027	0	798,010	729,144

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 541 and number of persons insured under indemnity only products 1 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	53,748		0		53,748
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	53,748	0	0	0	53,748
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	13,536				13,536
12. Surrender values and withdrawals for life contracts	19,094				19,094
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	32,630	0	0	0	32,630
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	17	4,889,526	0 (a)	0	0	0	0	0	17	4,889,526
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(2)	(300,000)			0	0			(2)	(300,000)
23. In force December 31 of current year	16	4,614,526	0 (a)	0	0	0	0	0	16	4,614,526

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,297	4,599		1,588	2,033
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,681	3,787		133	140
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	81,811	81,972		39,993	37,991
25.6 Totals (sum of Lines 25.1 to 25.5)	85,492	85,759	0	40,126	38,131
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,789	90,358	0	41,713	40,164

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons
insured under indemnity only products 1 .



6 2 2 8 6 2 0 1 6 4 3 0 1 0 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,131,587		252,261		2,383,848
2. Annuity considerations	466,272				466,272
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,597,859	0	252,261	0	2,850,120
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	230				230
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	230	0	0	0	230
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	230	0	0	0	230
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,367,484		(134)		5,367,350
10. Matured endowments					0
11. Annuity benefits	3,347,448				3,347,448
12. Surrender values and withdrawals for life contracts	3,402,799				3,402,799
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	12,117,731	0	(134)	0	12,117,597
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	269,053	0	0	0	0	0	0	4	269,053
17. Incurred during current year Settled during current year:	39	5,141,429			1	(134)			40	5,141,295
18.1 By payment in full	42	5,367,484			1	(134)			43	5,367,350
18.2 By payment on compromised claims									0	0
18.3 Totals paid	42	5,367,484	0	0	1	(134)	0	0	43	5,367,350
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	42	5,367,484	0	0	1	(134)	0	0	43	5,367,350
19. Unpaid Dec. 31, current year (16+17-18.6)	1	42,998	0	0	0	0	0	0	1	42,998
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,124	363,956,650	0 (a)	0	0	125,740,000	0	0	2,124	489,696,650
21. Issued during year	75	3,665,000							75	3,665,000
22. Other changes to in force (Net)	(137)	(21,228,900)			0	(24,194,000)			(137)	(45,422,900)
23. In force December 31 of current year	2,062	346,392,750	0 (a)	0	0	101,546,000	0	0	2,062	447,938,750

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	228,782,509	231,953,819		158,599,778	156,866,395
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,146,786	1,065,933		1,086,891	1,083,505
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,931	4,355		194	1,983
25.5 All other (b)	7,892,319	7,872,734		5,523,928	5,463,402
25.6 Totals (sum of Lines 25.1 to 25.5)	9,044,036	8,943,022	0	6,611,012	6,548,890
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	237,826,545	240,896,841	0	165,210,790	163,415,285

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 72,536 and number of persons
insured under indemnity only products 593 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	762,360		3,589		765,949
2. Annuity considerations	39,731				39,731
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	802,091	0	3,589	0	805,680
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	630				630
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	355				355
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	986	0	0	0	986
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	986	0	0	0	986
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,074,392		0		1,074,392
10. Matured endowments					0
11. Annuity benefits	139,178				139,178
12. Surrender values and withdrawals for life contracts	600,989				600,989
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,814,560	0	0	0	1,814,560
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	10	1,176,204			1	200,000			11	1,376,204
18.1 By payment in full	9	1,074,392			0	0			9	1,074,392
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	1,074,392	0	0	0	0	0	0	9	1,074,392
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	1,074,392	0	0	0	0	0	0	9	1,074,392
19. Unpaid Dec. 31, current year (16+17-18.6)	1	101,812	0	0	1	200,000	0	0	2	301,812
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	664	123,920,510	0 (a)	0	0	1,817,000	0	0	664	125,737,510
21. Issued during year	134	5,810,000							134	5,810,000
22. Other changes to in force (Net)	(75)	(8,271,880)			0	241,000			(75)	(8,030,880)
23. In force December 31 of current year	723	121,458,630	0 (a)	0	0	2,058,000	0	0	723	123,516,630

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,634,079	3,680,346		2,833,161	2,737,617
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	64,762	60,024		51,683	393,277
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	121,008	102,666		44,815	48,715
25.5 All other (b)	30,614,470	30,338,514		25,519,557	25,880,422
25.6 Totals (sum of Lines 25.1 to 25.5)	30,800,240	30,501,204	0	25,616,054	26,322,414
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,434,319	34,181,550	0	28,449,215	29,060,031

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,622 and number of persons
insured under indemnity only products33 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	143,396		0		143,396
2. Annuity considerations	6,304				6,304
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	149,700	0	0	0	149,700
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	641,624		0		641,624
10. Matured endowments					0
11. Annuity benefits	1,074,068				1,074,068
12. Surrender values and withdrawals for life contracts	479,935				479,935
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,195,628	0	0	0	2,195,628
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	6	641,624			0	0			6	641,624
18.1 By payment in full	6	641,624			0	0			6	641,624
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	641,624	0	0	0	0	0	0	6	641,624
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	641,624	0	0	0	0	0	0	6	641,624
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	134	18,531,459	0 (a)	0	0	0	0	0	134	18,531,459
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(826,123)			0	0			(4)	(826,123)
23. In force December 31 of current year	130	17,705,336	0 (a)	0	0	0	0	0	130	17,705,336

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	5,858	5,642		120	206
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	0	0		0	(30)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	48,380	49,303		24,282	25,194
25.6 Totals (sum of Lines 25.1 to 25.5)	48,380	49,303	0	24,282	25,164
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	54,238	54,945	0	24,402	25,370

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons
insured under indemnity only products 1 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	36,025		0		36,025
2. Annuity considerations	6,500				6,500
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	42,525	0	0	0	42,525
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	154,473		0		154,473
10. Matured endowments					0
11. Annuity benefits	32,522				32,522
12. Surrender values and withdrawals for life contracts	12,306				12,306
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	199,301	0	0	0	199,301
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	154,473			0	0			0	154,473
18.1 By payment in full	0	154,473			0	0			0	154,473
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	154,473	0	0	0	0	0	0	0	154,473
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	154,473	0	0	0	0	0	0	0	154,473
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	65	8,980,985	0 (a)	0	0	0	0	0	65	8,980,985
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(406,031)			0	0			(3)	(406,031)
23. In force December 31 of current year	62	8,574,954	0 (a)	0	0	0	0	0	62	8,574,954

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	6,717	6,388		0	(144)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,532	1,381		0	(156)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	41,011	41,279		18,524	17,443
25.6 Totals (sum of Lines 25.1 to 25.5)	42,542	42,660	0	18,524	17,287
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,259	49,048	0	18,524	17,143

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons
insured under indemnity only products 7 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,602,142		78,074		2,680,216
2. Annuity considerations	218,738				218,738
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,820,880	0	78,074	0	2,898,954
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	71,138				71,138
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	8,269				8,269
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	79,407	0	0	0	79,407
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	79,407	0	0	0	79,407
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,502,544		100,000		6,602,544
10. Matured endowments					0
11. Annuity benefits	2,145,591				2,145,591
12. Surrender values and withdrawals for life contracts	4,197,221				4,197,221
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	12,845,357	0	100,000	0	12,945,357
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	13	606,572	0	0	0	0	0	0	13	606,572
17. Incurred during current year Settled during current year:	86	6,247,272			1	100,000			87	6,347,272
18.1 By payment in full	89	6,502,544			1	100,000			90	6,602,544
18.2 By payment on compromised claims									0	0
18.3 Totals paid	89	6,502,544	0	0	1	100,000	0	0	90	6,602,544
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	89	6,502,544	0	0	1	100,000	0	0	90	6,602,544
19. Unpaid Dec. 31, current year (16+17-18.6)	10	351,299	0	0	0	0	0	0	10	351,299
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	4,471	466,883,976	0 (a)	0	117	34,464,500	0	0	4,588	501,348,476
21. Issued during year	79	3,570,000							79	3,570,000
22. Other changes to in force (Net)	(277)	(27,055,268)			(6)	(10,772,000)			(283)	(37,827,268)
23. In force December 31 of current year	4,273	443,398,709	0 (a)	0	111	23,692,500	0	0	4,384	467,091,209

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	61,444,702	61,363,109		41,329,644	41,600,962
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	370	330		335	322
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,207,394	1,128,795		1,089,113	1,073,824
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(29)	13		0	0
25.5 All other (b)	2,753,868	2,790,131		1,421,128	1,408,792
25.6 Totals (sum of Lines 25.1 to 25.5)	3,961,233	3,918,939	0	2,510,241	2,482,616
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	65,406,305	65,282,377	0	43,840,219	44,083,901

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 23,811 and number of persons insured under indemnity only products 540 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,165,959		68,756		1,234,715
2. Annuity considerations	211,108				211,108
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,377,067	0	68,756	0	1,445,823
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,210				3,210
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,901				1,901
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	5,111	0	0	0	5,111
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	5,111	0	0	0	5,111
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,480,727		50,031		3,530,758
10. Matured endowments					0
11. Annuity benefits	1,143,803				1,143,803
12. Surrender values and withdrawals for life contracts	(489,117)				(489,117)
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,135,413	0	50,031	0	4,185,444
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

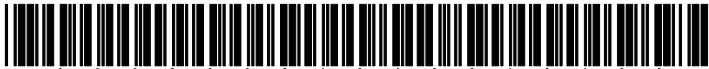
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	426,813	0	0	1	50,000	0	0	6	476,813
17. Incurred during current year Settled during current year:	31	3,361,450			1	50,031			32	3,411,481
18.1 By payment in full	30	3,480,727			1	50,031			31	3,530,758
18.2 By payment on compromised claims									0	0
18.3 Totals paid	30	3,480,727	0	0	1	50,031	0	0	31	3,530,758
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	30	3,480,727	0	0	1	50,031	0	0	31	3,530,758
19. Unpaid Dec. 31, current year (16+17-18.6)	6	307,536	0	0	1	50,000	0	0	7	357,536
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,531	212,823,962	0 (a)	0	0	37,930,000	0	0	1,531	250,753,962
21. Issued during year	35	1,110,000							35	1,110,000
22. Other changes to in force (Net)	(101)	(11,212,996)			0	(9,193,000)			(101)	(20,405,996)
23. In force December 31 of current year	1,465	202,720,966	0 (a)	0	0	28,737,000	0	0	1,465	231,457,966

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	55,633,489	56,074,468		45,856,206	45,067,108
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		(809)	0
25.2 Guaranteed renewable (b)	916,945	849,975		877,808	854,373
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	531	469		0	1,479
25.5 All other (b)	2,121,417	2,129,372		379,284	341,126
25.6 Totals (sum of Lines 25.1 to 25.5)	3,038,893	2,979,816	0	1,256,282	1,196,978
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	58,672,382	59,054,284	0	47,112,488	46,264,086

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 20,604 and number of persons insured under indemnity only products 290 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	675,007		18,091		693,098
2. Annuity considerations	11,677				11,677
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	686,684	0	18,091	0	704,775
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,667,956		0		1,667,956
10. Matured endowments					0
11. Annuity benefits	254,785				254,785
12. Surrender values and withdrawals for life contracts	951,584				951,584
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,874,324	0	0	0	2,874,324
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	230,595	0	0	0	0	0	0	3	230,595
17. Incurred during current year	18	1,799,768			0	0			18	1,799,768
Settled during current year:										
18.1 By payment in full	16	1,667,956			0	0			16	1,667,956
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	1,667,956	0	0	0	0	0	0	16	1,667,956
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	1,667,956	0	0	0	0	0	0	16	1,667,956
19. Unpaid Dec. 31, current year (16+17-18.6)	5	362,407	0	0	0	0	0	0	5	362,407
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	873	119,284,449	0 (a)	0	0	8,693,000	0	0	873	127,977,449
21. Issued during year	5	125,000							5	125,000
22. Other changes to in force (Net)	(61)	(8,321,675)			0	(1,861,000)			(61)	(10,182,675)
23. In force December 31 of current year	817	111,087,775	0 (a)	0	0	6,832,000	0	0	817	117,919,775

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	15,426,305	15,359,183		11,568,245	12,683,147
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	176,759	163,098		123,688	246,723
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	324	286		0	0
25.5 All other (b)	349,789	349,458		155,983	156,411
25.6 Totals (sum of Lines 25.1 to 25.5)	526,872	512,842	0	279,671	403,134
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,953,177	15,872,025	0	11,847,916	13,086,281

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6,757 and number of persons insured under indemnity only products 70 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	151,186		955		152,141
2. Annuity considerations	7,738				7,738
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	158,924	0	955	0	159,879
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	416,079		0		416,079
10. Matured endowments					0
11. Annuity benefits	353,959				353,959
12. Surrender values and withdrawals for life contracts	406,171				406,171
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,176,209	0	0	0	1,176,209
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	4	524,880			0	0			4	524,880
18.1 By payment in full	3	416,079			0	0			3	416,079
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	416,079	0	0	0	0	0	0	3	416,079
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	416,079	0	0	0	0	0	0	3	416,079
19. Unpaid Dec. 31, current year (16+17-18.6)	1	108,801	0	0	0	0	0	0	1	108,801
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	220	28,393,562	0 (a)	0	0	485,000	0	0	220	28,878,562
21. Issued during year	18	650,000							18	650,000
22. Other changes to in force (Net)	(16)	(854,348)			0	20,000			(16)	(834,348)
23. In force December 31 of current year	222	28,189,214	0 (a)	0	0	505,000	0	0	222	28,694,214

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	632,812	641,231		354,060	318,810
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	53,849	50,687		27,626	27,929
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	17,387	14,885		7,799	9,743
25.5 All other (b)	5,092,077	5,568,665		4,061,076	4,218,407
25.6 Totals (sum of Lines 25.1 to 25.5)	5,163,314	5,634,237	0	4,096,500	4,256,079
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,796,126	6,275,468	0	4,450,560	4,574,889

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,474 and number of persons
insured under indemnity only products 25 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	769,283		107		769,390
2. Annuity considerations	10,574				10,574
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	779,857	0	107	0	779,964
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	686				686
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	686	0	0	0	686
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	686	0	0	0	686
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,274,273		(79)		1,274,194
10. Matured endowments					0
11. Annuity benefits	103,954				103,954
12. Surrender values and withdrawals for life contracts	750,028				750,028
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,128,255	0	(79)	0	2,128,175
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	14	1,274,273			1	(79)			15	1,274,194
Settled during current year:										
18.1 By payment in full	14	1,274,273			1	(79)			15	1,274,194
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	1,274,273	0	0	1	(79)	0	0	15	1,274,194
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	1,274,273	0	0	1	(79)	0	0	15	1,274,194
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	644	92,873,916	0 (a)	0	0	0	0	0	644	92,873,916
21. Issued during year	12	300,000							12	300,000
22. Other changes to in force (Net)	(55)	(6,230,011)			0	150,000			(55)	(6,080,011)
23. In force December 31 of current year	601	86,943,905	0 (a)	0	0	150,000	0	0	601	87,093,905

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	25,894	(8,758)		18,288	62,891
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,396,197	3,455,667		2,407,676	2,447,252
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	25,370	21,372		18,584	19,430
25.5 All other (b)	2,452,856	2,370,325		616,488	795,119
25.6 Totals (sum of Lines 25.1 to 25.5)	3,874,423	5,847,364	0	3,042,748	3,261,802
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,900,317	5,838,607	0	3,061,036	3,324,692

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,251 and number of persons
insured under indemnity only products 122 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	407,577		127		407,704
2. Annuity considerations	19,874				19,874
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	427,451	0	127	0	427,578
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	214				214
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	214	0	0	0	214
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	214	0	0	0	214
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,435,615		(797)		1,434,819
10. Matured endowments					0
11. Annuity benefits	66,298				66,298
12. Surrender values and withdrawals for life contracts	399,010				399,010
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,900,923	0	(797)	0	1,900,126
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	212,625	0	0	0	0	0	0	3	212,625
17. Incurred during current year Settled during current year:	11	1,535,544			1	(797)			12	1,534,748
18.1 By payment in full	12	1,435,615			1	(797)			13	1,434,819
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	1,435,615	0	0	1	(797)	0	0	13	1,434,819
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	1,435,615	0	0	1	(797)	0	0	13	1,434,819
19. Unpaid Dec. 31, current year (16+17-18.6)	2	312,554	0	0	0	0	0	0	2	312,554
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	659	110,984,746	0 (a)	0	0	50,000	0	0	659	111,034,746
21. Issued during year	17	520,000							17	520,000
22. Other changes to in force (Net)	(79)	(11,587,549)			0	(50,000)			(79)	(11,637,549)
23. In force December 31 of current year	597	99,917,197	0 (a)	0	0	0	0	0	597	99,917,197

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	355,570	360,562		122,496	117,322
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	851,106	814,073		471,301	423,409
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	35,732	30,800		17,097	16,385
25.5 All other (b)	7,997,819	8,347,572		4,669,368	4,470,508
25.6 Totals (sum of Lines 25.1 to 25.5)	8,884,657	9,192,445	0	5,157,766	4,910,302
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,240,227	9,553,007	0	5,280,262	5,027,624

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,091 and number of persons
insured under indemnity only products 303 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	176,217		103		176,320
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	176,217	0	103	0	176,320
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	432,566		0		432,566
10. Matured endowments					0
11. Annuity benefits	107,290				107,290
12. Surrender values and withdrawals for life contracts	310,286				310,286
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	850,142	0	0	0	850,142
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	4	432,566			0	0			4	432,566
18.1 By payment in full	4	432,566			0	0			4	432,566
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	432,566	0	0	0	0	0	0	4	432,566
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	432,566	0	0	0	0	0	0	4	432,566
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	183	31,307,891	0 (a)	0	0	0	0	0	183	31,307,891
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(1,458,076)			0	0			(10)	(1,458,076)
23. In force December 31 of current year	173	29,849,815	0 (a)	0	0	0	0	0	173	29,849,815

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	4,216	4,076		0	(16)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,152	1,795		77	80
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	14,835	15,909		17,055	18,633
25.6 Totals (sum of Lines 25.1 to 25.5)	16,987	17,704	0	17,132	18,714
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,203	21,780	0	17,132	18,697

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons
insured under indemnity only products 2 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	870,151		16,671		886,822
2. Annuity considerations	41,773				41,773
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	911,924	0	16,671	0	928,595
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,677,658		0		1,677,658
10. Matured endowments					0
11. Annuity benefits	776,951				776,951
12. Surrender values and withdrawals for life contracts	1,658,337				1,658,337
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,112,946	0	0	0	4,112,946
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	439,100	0	0	0	0	0	0	4	439,100
17. Incurred during current year Settled during current year:	6	1,238,558			0	0			6	1,238,558
18.1 By payment in full	10	1,677,658			0	0			10	1,677,658
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	1,677,658	0	0	0	0	0	0	10	1,677,658
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	1,677,658	0	0	0	0	0	0	10	1,677,658
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	808	147,555,903	0 (a)	0	0	6,791,000	0	0	808	154,346,903
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(54)	(9,674,087)			0	(1,709,000)			(54)	(11,383,087)
23. In force December 31 of current year	755	137,906,816	0 (a)	0	0	5,082,000	0	0	755	142,988,816

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	12,020,567	12,321,008		9,835,390	9,550,373
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	311,997	287,436		258,728	230,585
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2,031,464	2,052,362		915,642	934,348
25.6 Totals (sum of Lines 25.1 to 25.5)	2,343,461	2,339,798	0	1,174,370	1,164,933
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,364,028	14,660,807	0	11,009,760	10,715,305

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,647 and number of persons
insured under indemnity only products 103 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	173,958		13		173,971
2. Annuity considerations	30,112				30,112
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	204,070	0	13	0	204,083
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	800,961		0		800,961
10. Matured endowments					0
11. Annuity benefits	756,384				756,384
12. Surrender values and withdrawals for life contracts	352,799				352,799
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,910,144	0	0	0	1,910,144
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

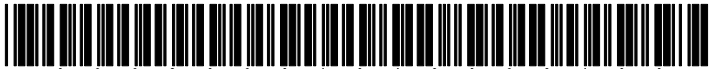
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	114,578	0	0	0	0	0	0	1	114,578
17. Incurred during current year Settled during current year:	2	686,383			0	0			2	686,383
18.1 By payment in full	3	800,961			0	0			3	800,961
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	800,961	0	0	0	0	0	0	3	800,961
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	800,961	0	0	0	0	0	0	3	800,961
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	240	61,312,978	0 (a)	0	0	100,000	0	0	240	61,412,978
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(1,006,879)			0	(100,000)			(8)	(1,106,879)
23. In force December 31 of current year	232	60,306,099	0 (a)	0	0	0	0	0	232	60,306,099

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,727	5,842		53,601	53,770
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,613	7,042		6,424	7,090
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	3	3		0	0
25.5 All other (b)	25,693	25,579		10,688	9,156
25.6 Totals (sum of Lines 25.1 to 25.5)	33,310	32,624	0	17,112	16,245
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	41,037	38,466	0	70,714	70,016

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6 and number of persons
insured under indemnity only products 7 .



6 2 2 8 6 2 0 1 6 4 3 0 2 3 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,629,613		113,695		1,743,308
2. Annuity considerations	87,666				87,666
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,717,279	0	113,695	0	1,830,974
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	185				185
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	185	0	0	0	185
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	185	0	0	0	185
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,658,685		0		3,658,685
10. Matured endowments					0
11. Annuity benefits	1,026,420				1,026,420
12. Surrender values and withdrawals for life contracts	2,639,896				2,639,896
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,325,001	0	0	0	7,325,001
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	784,509	0	0	0	0	0	0	6	784,509
17. Incurred during current year Settled during current year:	40	3,374,748			0	0			40	3,374,748
18.1 By payment in full	41	3,658,685			0	0			41	3,658,685
18.2 By payment on compromised claims									0	0
18.3 Totals paid	41	3,658,685	0	0	0	0	0	0	41	3,658,685
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	41	3,658,685	0	0	0	0	0	0	41	3,658,685
19. Unpaid Dec. 31, current year (16+17-18.6)	5	500,572	0	0	0	0	0	0	5	500,572
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,905	291,365,746	0 (a)	0	0	53,577,000	0	0	1,905	344,942,746
21. Issued during year	45	2,335,000							45	2,335,000
22. Other changes to in force (Net)	(149)	(19,557,754)			0	(14,129,000)			(149)	(33,686,754)
23. In force December 31 of current year	1,801	274,142,992	0 (a)	0	0	39,448,000	0	0	1,801	313,590,992

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	77,145,446	77,530,413		53,285,025	52,595,430
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,054,508	975,738		619,538	737,844
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	0	18		0	(14)
25.5 All other (b)	2,059,162	2,087,967		1,084,243	1,096,782
25.6 Totals (sum of Lines 25.1 to 25.5)	3,113,671	3,063,723	0	1,703,781	1,834,613
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	80,259,117	80,594,136	0	54,988,806	54,430,043

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 28,346 and number of persons insured under indemnity only products 359 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	476,027		54		476,081
2. Annuity considerations	26,483				26,483
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	502,510	0	54	0	502,564
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,353,474		0		1,353,474
10. Matured endowments					0
11. Annuity benefits	643,893				643,893
12. Surrender values and withdrawals for life contracts	409,444				409,444
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,406,811	0	0	0	2,406,811
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	78,476	0	0	0	0	0	0	2	78,476
17. Incurred during current year Settled during current year:	11	1,274,998			0	0			11	1,274,998
18.1 By payment in full	13	1,353,474			0	0			13	1,353,474
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	1,353,474	0	0	0	0	0	0	13	1,353,474
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	1,353,474	0	0	0	0	0	0	13	1,353,474
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	844	151,685,070	0 (a)	0	0	0	0	0	844	151,685,070
21. Issued during year									0	0
22. Other changes to in force (Net)	(62)	(12,220,382)			0	0			(62)	(12,220,382)
23. In force December 31 of current year	782	139,464,687	0 (a)	0	0	0	0	0	782	139,464,687

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	5,018	5,287		7,233	8,049
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,847	4,476		10,187	11,492
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(34)	(30)		0	0
25.5 All other (b)	131,509	129,574		97,930	97,681
25.6 Totals (sum of Lines 25.1 to 25.5)	136,322	134,020	0	108,116	109,173
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	141,340	139,307	0	115,349	117,222

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7 and number of persons
insured under indemnity only products 5 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	179,931		38,056		217,987
2. Annuity considerations	20,884				20,884
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	200,815	0	38,056	0	238,871
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	133,947		0		133,947
10. Matured endowments					0
11. Annuity benefits	41,807				41,807
12. Surrender values and withdrawals for life contracts	93,523				93,523
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	269,277	0	0	0	269,277
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	26,170	0	0	0	0	0	0	1	26,170
17. Incurred during current year Settled during current year:	1	107,777			0	0			1	107,777
18.1 By payment in full	2	133,947			0	0			2	133,947
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	133,947	0	0	0	0	0	0	2	133,947
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	133,947	0	0	0	0	0	0	2	133,947
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	226	43,121,139	0 (a)	0	0	18,771,000	0	0	226	61,892,139
21. Issued during year	54	2,375,000							54	2,375,000
22. Other changes to in force (Net)	(22)	(2,107,180)			0	(4,548,000)			(22)	(6,655,180)
23. In force December 31 of current year	258	43,388,959	0 (a)	0	0	14,223,000	0	0	258	57,611,959

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	24,550,566	25,302,057		14,810,853	14,137,404
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	158,147	145,801		154,508	131,247
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	777,483	788,929		384,909	398,563
25.6 Totals (sum of Lines 25.1 to 25.5)	935,630	934,730	0	539,417	529,810
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,486,196	26,236,787	0	15,350,270	14,667,214

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,609 and number of persons insured under indemnity only products 55 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,213,560		93,694		1,307,254
2. Annuity considerations	91,007				91,007
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,304,567	0	93,694	0	1,398,261
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,405				1,405
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,405	0	0	0	1,405
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,405	0	0	0	1,405
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,307,537		0		3,307,537
10. Matured endowments					0
11. Annuity benefits	2,302,218				2,302,218
12. Surrender values and withdrawals for life contracts	1,543,632				1,543,632
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,153,388	0	0	0	7,153,388
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	710,149	0	0	0	0	0	0	9	710,149
17. Incurred during current year	35	2,953,185			0	0			35	2,953,185
Settled during current year:										
18.1 By payment in full	38	3,307,537			0	0			38	3,307,537
18.2 By payment on compromised claims									0	0
18.3 Totals paid	38	3,307,537	0	0	0	0	0	0	38	3,307,537
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	38	3,307,537	0	0	0	0	0	0	38	3,307,537
19. Unpaid Dec. 31, current year (16+17-18.6)	6	355,796	0	0	0	0	0	0	6	355,796
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,547	183,613,145	0 (a)	0	3	50,552,053	0	0	1,550	234,165,198
21. Issued during year	70	3,180,000							70	3,180,000
22. Other changes to in force (Net)	(130)	(11,650,564)			0	(13,380,000)			(130)	(25,030,564)
23. In force December 31 of current year	1,487	175,142,581	0 (a)	0	3	37,172,053	0	0	1,490	212,314,634

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	72,299,256	73,107,331		52,762,804	49,502,048
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,721,014	1,594,237		1,346,935	38,569
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	11,955	7,197		816	4,382
25.5 All other (b)	7,181,241	6,647,671		2,245,358	3,651,428
25.6 Totals (sum of Lines 25.1 to 25.5)	8,914,209	8,249,105	0	3,593,109	3,694,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,213,465	81,356,436	0	56,355,913	53,196,427

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 28,774 and number of persons insured under indemnity only products 704 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,820		0		4,820
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,820	0	0	0	4,820
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	66,083		0		66,083
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	31,919				31,919
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	98,001	0	0	0	98,001
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:	1	66,083			0	0			1	66,083
18.1 By payment in full	1	66,083			0	0			1	66,083
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	66,083	0	0	0	0	0	0	1	66,083
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	66,083	0	0	0	0	0	0	1	66,083
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	2,407,465	0 (a)	0	0	0	0	0	18	2,407,465
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(90,893)			0	0			(1)	(90,893)
23. In force December 31 of current year	17	2,316,572	0 (a)	0	0	0	0	0	17	2,316,572

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	12,109	10,855		769	869
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	(332)	(346)		1,511	721
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	15,609	14,306		7,312	6,878
25.6 Totals (sum of Lines 25.1 to 25.5)	15,277	13,961	0	8,823	7,599
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,386	24,815	0	9,591	8,468

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7 and number of persons
insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	296,194		23,113		319,307
2. Annuity considerations	24,638				24,638
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	320,832	0	23,113	0	343,945
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	978,284		9,000		987,284
10. Matured endowments					0
11. Annuity benefits	34,935				34,935
12. Surrender values and withdrawals for life contracts	186,346				186,346
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,199,565	0	9,000	0	1,208,565
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	8	978,284			1	9,000			9	987,284
18.1 By payment in full	8	978,284			1	9,000			9	987,284
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	978,284	0	0	1	9,000	0	0	9	987,284
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	978,284	0	0	1	9,000	0	0	9	987,284
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	473	72,566,104	0 (a)	0	0	10,785,000	0	0	473	83,351,104
21. Issued during year	18	1,180,000							18	1,180,000
22. Other changes to in force (Net)	(30)	(3,769,363)			0	(2,765,000)			(30)	(6,534,363)
23. In force December 31 of current year	461	69,976,741	0 (a)	0	0	8,020,000	0	0	461	77,996,741

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	28,557,624	28,703,803		22,606,939	21,864,297
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	63	62		226	228
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	230,338	213,060		158,546	137,098
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	253	223		0	0
25.5 All other (b)	817,066	821,687		447,834	455,467
25.6 Totals (sum of Lines 25.1 to 25.5)	1,047,657	1,034,971	0	606,381	592,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,605,345	29,738,835	0	23,213,546	22,457,091

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,029 and number of persons insured under indemnity only products 88 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2016

NAIC Group Code 0707

NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	87,279		278		87,557
2. Annuity considerations	8,578				8,578
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	95,857	0	278	0	96,135
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	257				257
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	257	0	0	0	257
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	257	0	0	0	257
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	176,043		0		176,043
10. Matured endowments					0
11. Annuity benefits	190,945				190,945
12. Surrender values and withdrawals for life contracts	108,170				108,170
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	475,158	0	0	0	475,158
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	176,043			0	0			2	176,043
18.1 By payment in full	2	176,043			0	0			2	176,043
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	176,043	0	0	0	0	0	0	2	176,043
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	176,043	0	0	0	0	0	0	2	176,043
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	92	17,650,548	0 (a)	0	0	150,000	0	0	92	17,800,548
21. Issued during year	11	725,000							11	725,000
22. Other changes to in force (Net)	(12)	(2,627,344)			0	0			(12)	(2,627,344)
23. In force December 31 of current year	91	15,748,204	0 (a)	0	0	150,000	0	0	91	15,898,204

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	228,859	165,616		102,141	110,734
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,513,534	5,746,649		3,333,653	3,025,947
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	26,608	23,471		16,432	(1,224)
25.5 All other (b)	7,012,457	6,987,255		6,706,541	7,181,853
25.6 Totals (sum of Lines 25.1 to 25.5)	10,552,599	12,757,375	0	10,056,626	10,206,577
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,781,458	12,922,991	0	10,158,767	10,317,311

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,277 and number of persons insured under indemnity only products 18 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	184,763		(9)		184,754
2. Annuity considerations	15,032				15,032
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	199,795	0	(9)	0	199,786
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	583,144		0		583,144
10. Matured endowments					0
11. Annuity benefits	27,923				27,923
12. Surrender values and withdrawals for life contracts	344,252				344,252
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	955,318	0	0	0	955,318
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	6	583,144			0	0			6	583,144
18.1 By payment in full	6	583,144			0	0			6	583,144
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	583,144	0	0	0	0	0	0	6	583,144
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	583,144	0	0	0	0	0	0	6	583,144
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	214	36,409,862	0 (a)	0	0	0	0	0	214	36,409,862
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(4,953,853)			0	0			(23)	(4,953,853)
23. In force December 31 of current year	191	31,456,009	0 (a)	0	0	0	0	0	191	31,456,009

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,178	3,052		2,051	2,195
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,155	3,988		457	158
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	45,708	45,447		10,343	10,630
25.6 Totals (sum of Lines 25.1 to 25.5)	48,863	49,435	0	10,800	10,788
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,041	52,487	0	12,851	12,983

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8 and number of persons
insured under indemnity only products 3 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	67,340		48		67,388
2. Annuity considerations	11,179				11,179
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	78,519	0	48	0	78,567
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	105,206		0		105,206
10. Matured endowments					0
11. Annuity benefits	18,696				18,696
12. Surrender values and withdrawals for life contracts	90,359				90,359
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	214,261	0	0	0	214,261
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	218,894			0	0			2	218,894
18.1 By payment in full	1	105,206			0	0			1	105,206
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	105,206	0	0	0	0	0	0	1	105,206
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	105,206	0	0	0	0	0	0	1	105,206
19. Unpaid Dec. 31, current year (16+17-18.6)	1	113,688	0	0	0	0	0	0	1	113,688
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	65	16,748,364	0 (a)	0	0	0	0	0	65	16,748,364
21. Issued during year									0	0
22. Other changes to in force (Net)	1	(84,588)			0	0			1	(84,588)
23. In force December 31 of current year	66	16,663,776	0 (a)	0	0	0	0	0	66	16,663,776

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	19,231	19,244		2,247	2,348
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,088	4,647		7,271	9,154
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,023,659	1,025,174		449,705	455,697
25.6 Totals (sum of Lines 25.1 to 25.5)	1,028,747	1,029,821	0	456,976	464,851
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,047,978	1,049,065	0	459,223	467,199

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10 and number of persons
insured under indemnity only products 9 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	86,835		0		86,835
2. Annuity considerations	6,459				6,459
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	93,294	0	0	0	93,294
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	296,653		0		296,653
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	140,068				140,068
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	436,721	0	0	0	436,721
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	250,000	0	0	0	0	0	0	1	250,000
17. Incurred during current year Settled during current year:	1	46,653			0	0			1	46,653
18.1 By payment in full	2	296,653			0	0			2	296,653
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	296,653	0	0	0	0	0	0	2	296,653
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	296,653	0	0	0	0	0	0	2	296,653
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	87	15,137,835	0 (a)	0	0	0	0	0	87	15,137,835
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(991,283)			0	0			(3)	(991,283)
23. In force December 31 of current year	84	14,146,552	0 (a)	0	0	0	0	0	84	14,146,552

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	15,472	15,672		29,303	36,930
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	46,895	45,005		14,165	12,956
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	95,277	111,493		57,534	65,104
25.6 Totals (sum of Lines 25.1 to 25.5)	142,172	156,498	0	71,699	78,060
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	157,644	172,170	0	101,001	114,990

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6 and number of persons insured under indemnity only products 19 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New York
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	56,599		(9)		56,590
2. Annuity considerations	3,809				3,809
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	60,408	0	(9)	0	60,399
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	832,910		0		832,910
10. Matured endowments					0
11. Annuity benefits	132,070				132,070
12. Surrender values and withdrawals for life contracts	33,449				33,449
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	998,429	0	0	0	998,429
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	832,910			0	0			0	832,910
18.1 By payment in full	0	832,910			0	0			0	832,910
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	832,910	0	0	0	0	0	0	0	832,910
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	832,910	0	0	0	0	0	0	0	832,910
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	68	10,069,863	0 (a)	0	0	0	0	0	68	10,069,863
21. Issued during year									0	0
22. Other changes to in force (Net)	1	(8,657)			0	0			1	(8,657)
23. In force December 31 of current year	69	10,061,206	0 (a)	0	0	0	0	0	69	10,061,206

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	26,832	26,607		14,143	96,258
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	15,019	14,229		4,515	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	32,402	32,531		96,292	15,532
25.6 Totals (sum of Lines 25.1 to 25.5)	47,421	46,760	0	100,807	15,531
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	74,253	73,368	0	114,950	111,789

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 21 and number of persons
insured under indemnity only products 7 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	744,325		16,869		761,194
2. Annuity considerations	48,189				48,189
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	792,514	0	16,869	0	809,383
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,205,862		149,962		1,355,824
10. Matured endowments					0
11. Annuity benefits	452,534				452,534
12. Surrender values and withdrawals for life contracts	863,051				863,051
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,521,447	0	149,962	0	2,671,408
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	252,639	0	0	0	0	0	0	3	252,639
17. Incurred during current year Settled during current year:	16	1,142,897			2	149,962			18	1,292,859
18.1 By payment in full	16	1,205,862			2	149,962			18	1,355,824
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	1,205,862	0	0	2	149,962	0	0	18	1,355,824
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	1,205,862	0	0	2	149,962	0	0	18	1,355,824
19. Unpaid Dec. 31, current year (16+17-18.6)	3	189,674	0	0	0	0	0	0	3	189,674
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	602	99,805,636	0 (a)	0	0	9,807,000	0	0	602	109,612,636
21. Issued during year	211	13,130,000							211	13,130,000
22. Other changes to in force (Net)	(92)	(7,588,615)			0	(2,780,000)			(92)	(10,368,615)
23. In force December 31 of current year	721	105,347,021	0 (a)	0	0	7,027,000	0	0	721	112,374,021

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	25,710,941	25,208,444		13,358,747	13,527,614
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	94,574	88,103		62,087	59,356
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	681	601		501	443
25.5 All other (b)	5,840,630	5,840,087		2,834,369	2,937,658
25.6 Totals (sum of Lines 25.1 to 25.5)	5,935,886	5,928,792	0	2,896,958	2,997,458
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,646,827	31,137,235	0	16,255,704	16,525,072

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,371 and number of persons
insured under indemnity only products37 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	76,954		0		76,954
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	76,954	0	0	0	76,954
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	393,083		0		393,083
10. Matured endowments					0
11. Annuity benefits	15,531				15,531
12. Surrender values and withdrawals for life contracts	67,267				67,267
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	475,882	0	0	0	475,882
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	6	393,083			0	0			6	393,083
18.1 By payment in full	6	393,083			0	0			6	393,083
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	393,083	0	0	0	0	0	0	6	393,083
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	393,083	0	0	0	0	0	0	6	393,083
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	113	15,785,343	0 (a)	0	0	0	0	0	113	15,785,343
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(1,193,497)			0	0			(8)	(1,193,497)
23. In force December 31 of current year	105	14,591,846	0 (a)	0	0	0	0	0	105	14,591,846

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	641	252		0	(61)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	36,730	33,887		20,672	19,404
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	23,832	24,101		13,784	9,539
25.6 Totals (sum of Lines 25.1 to 25.5)	60,562	57,988	0	34,456	28,943
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	61,203	58,240	0	34,456	28,883

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4 and number of persons
insured under indemnity only products 16 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,243,872		88,827		1,332,699
2. Annuity considerations	147,913				147,913
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,391,785	0	88,827	0	1,480,612
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	168				168
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	168	0	0	0	168
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	168	0	0	0	168
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,507,578		0		5,507,578
10. Matured endowments					0
11. Annuity benefits	944,835				944,835
12. Surrender values and withdrawals for life contracts	1,850,813				1,850,813
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	8,303,226	0	0	0	8,303,226
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	242,601	0	0	0	0	0	0	5	242,601
17. Incurred during current year Settled during current year:	55	5,523,490			0	0			55	5,523,490
18.1 By payment in full	56	5,507,578			0	0			56	5,507,578
18.2 By payment on compromised claims									0	0
18.3 Totals paid	56	5,507,578	0	0	0	0	0	0	56	5,507,578
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	56	5,507,578	0	0	0	0	0	0	56	5,507,578
19. Unpaid Dec. 31, current year (16+17-18.6)	4	258,513	0	0	0	0	0	0	4	258,513
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,966	299,247,800	0 (a)	0	0	40,373,000	0	0	1,966	339,620,800
21. Issued during year	66	1,870,000							66	1,870,000
22. Other changes to in force (Net)	(168)	(23,439,055)			0	(10,884,000)			(168)	(34,323,055)
23. In force December 31 of current year	1,864	277,678,745	0 (a)	0	0	29,489,000	0	0	1,864	307,167,745

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	76,069,413	76,009,398		54,414,467	55,601,273
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,424,977	5,006,147		3,772,081	3,660,046
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,641	2,379		115	1,690
25.5 All other (b)	2,778,095	2,849,321		1,353,729	1,364,192
25.6 Totals (sum of Lines 25.1 to 25.5)	8,205,713	7,857,847	0	5,125,925	5,025,928
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	84,275,126	83,867,245	0	59,540,392	60,627,201

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 29,423 and number of persons insured under indemnity only products 1,843 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	337,694		35,759		373,453
2. Annuity considerations	15,676				15,676
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	353,370	0	35,759	0	389,129
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	860,753		50,000		910,753
10. Matured endowments					0
11. Annuity benefits	28,607				28,607
12. Surrender values and withdrawals for life contracts	395,049				395,049
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,284,409	0	50,000	0	1,334,409
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

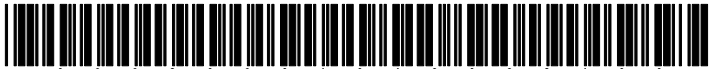
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	100,000	0	0	0	0	0	0	1	100,000
17. Incurred during current year Settled during current year:	10	791,180			1	50,000			11	841,180
18.1 By payment in full	9	860,753			1	50,000			10	910,753
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	860,753	0	0	1	50,000	0	0	10	910,753
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	860,753	0	0	1	50,000	0	0	10	910,753
19. Unpaid Dec. 31, current year (16+17-18.6)	2	30,427	0	0	0	0	0	0	2	30,427
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	464	82,057,964	0 (a)	0	0	17,732,000	0	0	464	99,789,964
21. Issued during year	17	700,000							17	700,000
22. Other changes to in force (Net)	(43)	(4,683,901)			0	(5,345,000)			(43)	(10,028,901)
23. In force December 31 of current year	438	78,074,063	0 (a)	0	0	12,387,000	0	0	438	90,461,063

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	27,294,615	27,382,525		21,877,169	21,059,282
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	10	14		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	490,938	402,823		409,552	508,682
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	694,351	698,219		298,488	302,343
25.6 Totals (sum of Lines 25.1 to 25.5)	1,185,289	1,101,042	0	708,040	811,025
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,479,914	28,483,581	0	22,585,209	21,870,307

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8,568 and number of persons insured under indemnity only products 201 .



6 2 2 8 6 2 0 1 6 4 3 0 3 8 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	141,780		4		141,784
2. Annuity considerations	14,430				14,430
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	156,210	0	4	0	156,214
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	353				353
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	353	0	0	0	353
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	353	0	0	0	353
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	987,254		0		987,254
10. Matured endowments					0
11. Annuity benefits	294,625				294,625
12. Surrender values and withdrawals for life contracts	90,426				90,426
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,372,305	0	0	0	1,372,305
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	987,254			0	0			5	987,254
Settled during current year:										
18.1 By payment in full	5	987,254			0	0			5	987,254
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	987,254	0	0	0	0	0	0	5	987,254
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	987,254	0	0	0	0	0	0	5	987,254
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	178	31,767,736	0 (a)	0	0	0	0	0	178	31,767,736
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(2,064,346)			0	0			(11)	(2,064,346)
23. In force December 31 of current year	167	29,703,390	0 (a)	0	0	0	0	0	167	29,703,390

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	6,643	4,205		(239)	(801)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	18,157	17,038		6,551	5,008
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	11,487	10,082		98	(2,346)
25.5 All other (b)	1,024,466	999,698		173,095	249,976
25.6 Totals (sum of Lines 25.1 to 25.5)	1,054,110	1,026,818	0	179,745	252,638
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,060,753	1,031,022	0	179,506	251,837

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 697 and number of persons insured under indemnity only products 6 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,127,020		28,866		1,155,886
2. Annuity considerations	9,746				9,746
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,136,766	0	28,866	0	1,165,632
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,967,754		50,000		2,017,754
10. Matured endowments					0
11. Annuity benefits	579,428				579,428
12. Surrender values and withdrawals for life contracts	1,725,635				1,725,635
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,272,817	0	50,000	0	4,322,817
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	13	1,967,754			1	50,000			14	2,017,754
18.1 By payment in full	13	1,967,754			1	50,000			14	2,017,754
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	1,967,754	0	0	1	50,000	0	0	14	2,017,754
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	1,967,754	0	0	1	50,000	0	0	14	2,017,754
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	737	104,288,197	0 (a)	0	0	13,931,000	0	0	737	118,219,197
21. Issued during year									0	0
22. Other changes to in force (Net)	(31)	(3,503,960)			0	(2,863,000)			(31)	(6,366,960)
23. In force December 31 of current year	706	100,784,237	0 (a)	0	0	11,068,000	0	0	706	111,852,237

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	30,631,799	31,677,948		21,642,865	20,996,287
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	31,915	30,486		25,141	24,227
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	406	333		0	0
25.5 All other (b)	2,312,442	2,299,481		803,819	836,824
25.6 Totals (sum of Lines 25.1 to 25.5)	2,344,763	2,330,300	0	828,960	861,051
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,976,562	34,008,248	0	22,471,825	21,857,338

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 12,012 and number of persons
insured under indemnity only products 13 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	50,653		0		50,653
2. Annuity considerations	5,372				5,372
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	56,025	0	0	0	56,025
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	104,136		0		104,136
10. Matured endowments					0
11. Annuity benefits	105				105
12. Surrender values and withdrawals for life contracts	96,601				96,601
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	200,842	0	0	0	200,842
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	104,136			0	0			1	104,136
18.1 By payment in full	1	104,136			0	0			1	104,136
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	104,136	0	0	0	0	0	0	1	104,136
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	104,136	0	0	0	0	0	0	1	104,136
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	63	11,365,982	0 (a)	0	0	0	0	0	63	11,365,982
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(815,739)			0	0			(5)	(815,739)
23. In force December 31 of current year	58	10,550,243	0 (a)	0	0	0	0	0	58	10,550,243

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,313	1,387		44	41
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	5,799	5,432		2,013	2,014
25.6 Totals (sum of Lines 25.1 to 25.5)	5,799	5,432	0	2,013	2,014
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,112	6,819	0	2,057	2,056

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3 and number of persons
insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	401,528		44,865		446,393
2. Annuity considerations	30,187				30,187
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	431,715	0	44,865	0	476,580
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	901,217		(1,914)		899,303
10. Matured endowments					0
11. Annuity benefits	152,292				152,292
12. Surrender values and withdrawals for life contracts	583,487				583,487
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,636,996	0	(1,914)	0	1,635,083
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	100,000	0	0	0	0	0	0	1	100,000
17. Incurred during current year Settled during current year:	14	987,728			1	(1,914)			15	985,814
18.1 By payment in full	14	901,217			1	(1,914)			15	899,303
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	901,217	0	0	1	(1,914)	0	0	15	899,303
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	901,217	0	0	1	(1,914)	0	0	15	899,303
19. Unpaid Dec. 31, current year (16+17-18.6)	1	186,511	0	0	0	0	0	0	1	186,511
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	435	76,733,922	0 (a)	0	0	21,625,000	0	0	435	98,358,922
21. Issued during year	31	1,535,000							31	1,535,000
22. Other changes to in force (Net)	(16)	(1,269,977)			0	(5,380,000)			(16)	(6,649,977)
23. In force December 31 of current year	450	76,998,944	0 (a)	0	0	16,245,000	0	0	450	93,243,944

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	35,177,123	35,777,767		28,277,670	27,353,076
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	325,848	300,791		162,821	148,897
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	32,817	27,609		10,395	17,966
25.5 All other (b)	4,508,610	4,447,260		2,059,547	1,777,915
25.6 Totals (sum of Lines 25.1 to 25.5)	4,867,275	4,775,660	0	2,232,763	1,944,778
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,044,398	40,553,428	0	30,510,433	29,297,853

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 11,797 and number of persons
insured under indemnity only products 120 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	247,792		0		247,792
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	247,792	0	0	0	247,792
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	448,975		0		448,975
10. Matured endowments					0
11. Annuity benefits	3,220				3,220
12. Surrender values and withdrawals for life contracts	113,213				113,213
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	565,408	0	0	0	565,408
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	103,896	0	0	0	0	0	0	1	103,896
17. Incurred during current year Settled during current year:	6	395,079			0	0			6	395,079
18.1 By payment in full	6	448,975			0	0			6	448,975
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	448,975	0	0	0	0	0	0	6	448,975
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	448,975	0	0	0	0	0	0	6	448,975
19. Unpaid Dec. 31, current year (16+17-18.6)	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	360	67,601,455	0 (a)	0	0	0	0	0	360	67,601,455
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(2,852,558)			0	0			(23)	(2,852,558)
23. In force December 31 of current year	337	64,748,898	0 (a)	0	0	0	0	0	337	64,748,898

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,626	1,377		17,792	63,106
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	53,384	48,380		85,183	82,928
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	28,607	29,314		15,515	13,590
25.6 Totals (sum of Lines 25.1 to 25.5)	81,991	77,694	0	100,698	96,518
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	83,617	79,071	0	118,489	159,624

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 19 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,184,213		60,518		1,244,731
2. Annuity considerations	60,779				60,779
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,244,992	0	60,518	0	1,305,510
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	218				218
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	218	0	0	0	218
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	218	0	0	0	218
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,015,841		0		2,015,841
10. Matured endowments					0
11. Annuity benefits	349,433				349,433
12. Surrender values and withdrawals for life contracts	1,184,431				1,184,431
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,549,705	0	0	0	3,549,705
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	219,137	0	0	0	0	0	0	3	219,137
17. Incurred during current year Settled during current year:	23	1,857,085			0	0			23	1,857,085
18.1 By payment in full	23	2,015,841			0	0			23	2,015,841
18.2 By payment on compromised claims									0	0
18.3 Totals paid	23	2,015,841	0	0	0	0	0	0	23	2,015,841
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	23	2,015,841	0	0	0	0	0	0	23	2,015,841
19. Unpaid Dec. 31, current year (16+17-18.6)	3	60,381	0	0	0	0	0	0	3	60,381
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,351	216,002,959	0 (a)	0	0	29,129,000	0	0	1,351	245,131,959
21. Issued during year	51	1,550,000							51	1,550,000
22. Other changes to in force (Net)	(94)	(17,386,113)			0	(7,144,000)			(94)	(24,530,113)
23. In force December 31 of current year	1,308	200,166,846	0 (a)	0	0	21,985,000	0	0	1,308	222,151,846

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	31,913,899	31,786,790		23,399,639	22,746,734
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	484,590	453,533		379,025	373,614
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	50	64		0	0
25.5 All other (b)	1,093,278	1,103,317		566,036	631,835
25.6 Totals (sum of Lines 25.1 to 25.5)	1,577,918	1,556,914	0	945,062	1,005,450
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	33,491,817	33,343,704	0	24,344,701	23,752,183

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 14,774 and number of persons
insured under indemnity only products 204 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,422,222		104,079		2,526,301
2. Annuity considerations	196,645				196,645
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,618,867	0	104,079	0	2,722,946
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,840				1,840
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,840	0	0	0	1,840
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,840	0	0	0	1,840
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,957,898		(3,314)		3,954,585
10. Matured endowments					0
11. Annuity benefits	2,134,371				2,134,371
12. Surrender values and withdrawals for life contracts	4,288,195				4,288,195
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,380,464	0	(3,314)	0	10,377,150
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	36,852	0	0	0	0	0	0	1	36,852
17. Incurred during current year Settled during current year:	40	4,261,779			2	96,686			42	4,358,466
18.1 By payment in full	37	3,957,898			1	(3,314)			38	3,954,585
18.2 By payment on compromised claims									0	0
18.3 Totals paid	37	3,957,898	0	0	1	(3,314)	0	0	38	3,954,585
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	37	3,957,898	0	0	1	(3,314)	0	0	38	3,954,585
19. Unpaid Dec. 31, current year (16+17-18.6)	4	340,733	0	0	1	100,000	0	0	5	440,733
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,584	473,074,591	0 (a)	0	0	55,530,000	0	0	2,584	528,604,591
21. Issued during year	368	20,840,000							368	20,840,000
22. Other changes to in force (Net)	(238)	(33,572,984)			0	(15,370,000)			(238)	(48,942,984)
23. In force December 31 of current year	2,714	460,341,607	0 (a)	0	0	40,160,000	0	0	2,714	500,501,607

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	120,243,920	119,041,926		84,151,986	91,440,353
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,516,603	2,881,338		1,802,648	1,722,218
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	725	640		0	0
25.5 All other (b)	5,695,208	5,666,008		2,830,422	3,001,082
25.6 Totals (sum of Lines 25.1 to 25.5)	8,212,536	8,547,985	0	4,633,070	4,723,300
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	128,456,456	127,589,912	0	88,785,056	96,163,653

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 47,046 and number of persons
insured under indemnity only products 924 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	124,449		0		124,449
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	124,449	0	0	0	124,449
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	197,192		0		197,192
10. Matured endowments					0
11. Annuity benefits	87,020				87,020
12. Surrender values and withdrawals for life contracts	61,367				61,367
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	345,579	0	0	0	345,579
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	4	245,496			0	0			4	245,496
18.1 By payment in full	3	197,192			0	0			3	197,192
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	197,192	0	0	0	0	0	0	3	197,192
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	197,192	0	0	0	0	0	0	3	197,192
19. Unpaid Dec. 31, current year (16+17-18.6)	1	48,304	0	0	0	0	0	0	1	48,304
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	105	19,828,244	0 (a)	0	0	0	0	0	105	19,828,244
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	3,326,272			0	0			(7)	3,326,272
23. In force December 31 of current year	98	23,154,516	0 (a)	0	0	0	0	0	98	23,154,516

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	15,377	14,618		78,971	80,665
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	(1,937)	2,051		334	(53)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	144,697	141,315		67,532	64,609
25.6 Totals (sum of Lines 25.1 to 25.5)	142,761	143,367	0	67,866	64,556
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	158,138	157,985	0	146,838	145,221

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 18 and number of persons
insured under indemnity only products 2



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	48,981		0		48,981
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	48,981	0	0	0	48,981
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	61,951				61,951
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	61,951	0	0	0	61,951
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	73	12,597,112	0 (a)	0	0	0	0	0	73	12,597,112
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(814,342)			0	0			(5)	(814,342)
23. In force December 31 of current year	68	11,782,770	0 (a)	0	0	0	0	0	68	11,782,770

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	619	718		332	331
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,364	6,893		27,176	27,765
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	15,571	15,396		7,962	9,170
25.6 Totals (sum of Lines 25.1 to 25.5)	22,935	22,288	0	35,139	36,935
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,554	23,006	0	35,471	37,266

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 10 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	962,550		39,312		1,001,862
2. Annuity considerations	58,742				58,742
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,021,292	0	39,312	0	1,060,604
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,983,293		0		1,983,293
10. Matured endowments					0
11. Annuity benefits	481,941				481,941
12. Surrender values and withdrawals for life contracts	787,730				787,730
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,252,963	0	0	0	3,252,963
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	51,871	0	0	0	0	0	0	1	51,871
17. Incurred during current year Settled during current year:	22	2,062,246			0	0			22	2,062,246
18.1 By payment in full	22	1,983,293			0	0			22	1,983,293
18.2 By payment on compromised claims									0	0
18.3 Totals paid	22	1,983,293	0	0	0	0	0	0	22	1,983,293
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	1,983,293	0	0	0	0	0	0	22	1,983,293
19. Unpaid Dec. 31, current year (16+17-18.6)	1	130,824	0	0	0	0	0	0	1	130,824
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,094	188,611,511	0 (a)	0	0	22,281,000	0	0	1,094	210,892,511
21. Issued during year									0	0
22. Other changes to in force (Net)	(62)	(10,903,415)			0	(7,542,000)			(62)	(18,445,415)
23. In force December 31 of current year	1,032	177,708,096	0 (a)	0	0	14,739,000	0	0	1,032	192,447,096

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	29,226,412	29,448,636		20,644,099	20,645,006
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,046,170	486,759		739,762	659,899
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	384	338		0	0
25.5 All other (b)	245,705	252,422		386,412	410,740
25.6 Totals (sum of Lines 25.1 to 25.5)	1,292,258	739,519	0	1,126,174	1,070,639
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,518,670	30,188,155	0	21,770,274	21,715,646

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 12,484 and number of persons
insured under indemnity only products 203 .



6 2 2 8 6 2 0 1 6 4 3 0 4 8 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	212,018		32		212,050
2. Annuity considerations	3,502				3,502
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	215,520	0	32	0	215,552
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	184				184
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	184	0	0	0	184
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	184	0	0	0	184
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	436,292		0		436,292
10. Matured endowments					0
11. Annuity benefits	97,419				97,419
12. Surrender values and withdrawals for life contracts	223,483				223,483
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	757,194	0	0	0	757,194
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	148,704	0	0	0	0	0	0	3	148,704
17. Incurred during current year Settled during current year:	9	391,209			0	0			9	391,209
18.1 By payment in full	11	436,292			0	0			11	436,292
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	436,292	0	0	0	0	0	0	11	436,292
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	436,292	0	0	0	0	0	0	11	436,292
19. Unpaid Dec. 31, current year (16+17-18.6)	1	103,621	0	0	0	0	0	0	1	103,621
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	230	45,502,084	0 (a)	0	0	0	0	0	230	45,502,084
21. Issued during year									0	0
22. Other changes to in force (Net)	(21)	(5,229,184)			0	0			(21)	(5,229,184)
23. In force December 31 of current year	209	40,272,900	0 (a)	0	0	0	0	0	209	40,272,900

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	11,380	12,336		1,358	6,409
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,997	8,216		6,951	7,082
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	157	138		0	0
25.5 All other (b)	277,378	274,206		138,365	150,503
25.6 Totals (sum of Lines 25.1 to 25.5)	286,532	282,560	0	145,317	157,585
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	297,912	294,896	0	146,675	163,993

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 12 and number of persons insured under indemnity only products 6 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	231,626		11,077		242,703
2. Annuity considerations	22,904				22,904
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	254,530	0	11,077	0	265,607
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	375,842		0		375,842
10. Matured endowments					0
11. Annuity benefits	42,234				42,234
12. Surrender values and withdrawals for life contracts	246,439				246,439
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	664,515	0	0	0	664,515
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	43,326	0	0	0	0	0	0	1	43,326
17. Incurred during current year Settled during current year:	7	524,003			1	50,000			8	574,003
18.1 By payment in full	6	375,842			0	0			6	375,842
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	375,842	0	0	0	0	0	0	6	375,842
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	375,842	0	0	0	0	0	0	6	375,842
19. Unpaid Dec. 31, current year (16+17-18.6)	2	191,487	0	0	1	50,000	0	0	3	241,487
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	226	30,421,786	0 (a)	0	0	5,436,000	0	0	226	35,857,786
21. Issued during year	3	100,000							3	100,000
22. Other changes to in force (Net)	(20)	(1,957,856)			0	(1,390,000)			(20)	(3,347,856)
23. In force December 31 of current year	209	28,563,930	0 (a)	0	0	4,046,000	0	0	209	32,609,930

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	8,412,557	8,490,099		6,802,704	6,895,498
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	239,818	219,689		160,485	190,935
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	135,721	136,721		53,056	54,861
25.6 Totals (sum of Lines 25.1 to 25.5)	375,539	356,410	0	213,541	245,797
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,788,096	8,846,509	0	7,016,245	7,141,295

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,345 and number of persons
insured under indemnity only products 99 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,341,224		57,969		1,399,193
2. Annuity considerations	38,263				38,263
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,379,487	0	57,969	0	1,437,456
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,175,893		150,000		3,325,893
10. Matured endowments					0
11. Annuity benefits	478,534				478,534
12. Surrender values and withdrawals for life contracts	1,495,911				1,495,911
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,150,338	0	150,000	0	5,300,338
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	526,092	0	0	0	0	0	0	4	526,092
17. Incurred during current year Settled during current year:	32	3,475,573			1	150,000			33	3,625,573
18.1 By payment in full	29	3,175,893			1	150,000			30	3,325,893
18.2 By payment on compromised claims									0	0
18.3 Totals paid	29	3,175,893	0	0	1	150,000	0	0	30	3,325,893
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	29	3,175,893	0	0	1	150,000	0	0	30	3,325,893
19. Unpaid Dec. 31, current year (16+17-18.6)	7	825,772	0	0	0	0	0	0	7	825,772
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,900	325,310,002	0 (a)	0	0	23,335,000	0	0	1,900	348,645,002
21. Issued during year	27	1,455,000							27	1,455,000
22. Other changes to in force (Net)	(136)	(24,343,380)			0	(4,076,000)			(136)	(28,419,380)
23. In force December 31 of current year	1,791	302,421,622	0 (a)	0	0	19,259,000	0	0	1,791	321,680,622

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	61,947,247	62,316,485		47,639,313	48,323,026
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	38,669	36,023		15,073	14,274
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	506	446		518	328
25.5 All other (b)	286,534	283,007		159,031	185,450
25.6 Totals (sum of Lines 25.1 to 25.5)	325,709	319,476	0	174,622	200,053
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,272,956	62,635,960	0	47,813,935	48,523,078

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 17,885 and number of persons
insured under indemnity only products 16 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	68,342		0		68,342
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	68,342	0	0	0	68,342
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	6,792				6,792
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,792	0	0	0	6,792
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	85	12,737,221	0 (a)	0	0	50,000	0	0	85	12,787,221
21. Issued during year									0	0
22. Other changes to in force (Net)	(15)	(1,878,307)			0	(50,000)			(15)	(1,928,307)
23. In force December 31 of current year	70	10,858,915	0 (a)	0	0	0	0	0	70	10,858,915

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	286,721	286,263		302,119	260,772
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,192	3,827		820	915
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	39,038	34,092		25,746	19,054
25.5 All other (b)	5,888,062	5,897,948		3,689,554	3,911,084
25.6 Totals (sum of Lines 25.1 to 25.5)	5,931,292	5,935,866	0	3,716,119	3,931,053
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,218,013	6,222,130	0	4,018,239	4,191,826

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,912 and number of persons
insured under indemnity only products 3 .



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam
NAIC Group Code 0707

DURING THE YEAR 2016
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year Settled during current year:									0	0
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)						0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2016

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	28,477	0	0	0	28,477
2. Annuity considerations	4,308	0	0	0	4,308
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	32,785	0	0	0	32,785
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	170,281	0	0	0	170,281
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	43,903	0	0	0	43,903
12. Surrender values and withdrawals for life contracts	91,974	0	0	0	91,974
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	306,158	0	0	0	306,158
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	0	170,281	0	0	0	0	0	0	0	170,281
18.1 By payment in full	0	170,281	0	0	0	0	0	0	0	170,281
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	170,281	0	0	0	0	0	0	0	170,281
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	170,281	0	0	0	0	0	0	0	170,281
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	20	4,376,172	0 (a)	0	0	0	0	0	20	4,376,172
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(14)	(3,216,172)	0	0	0	0	0	0	(14)	(3,216,172)
23. In force December 31 of current year	6	1,160,000	0 (a)	0	0	0	0	0	6	1,160,000

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	712	701	0	168	(268)
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	(198)	(182)	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	30	27	0	0	0
25.5 All other (b)	426	(501)	0	0	(1)
25.6 Totals (sum of Lines 25.1 to 25.5)	258	(656)	0	0	(1)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	970	45	0	168	(269)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5 and number of persons
insured under indemnity only products 0 .



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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total
NAIC Group Code 0707

LIFE INSURANCE

DURING THE YEAR 2016
NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	29,456,284	0	1,376,673	0	30,832,957
2. Annuity considerations	2,372,530	0	0	0	2,372,530
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	31,828,814	0	1,376,673	0	33,205,487
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	83,336	0	0	0	83,336
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	10,750	0	0	0	10,750
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	94,086	0	0	0	94,086
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	94,086	0	0	0	94,086
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	68,793,049	0	552,271	0	69,345,319
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	25,615,936	0	0	0	25,615,936
12. Surrender values and withdrawals for life contracts	38,578,810	0	0	0	38,578,810
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	132,987,795	0	552,271	0	133,540,066
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	84	6,394,536	0	0	1	50,000	0	0	85	6,444,536
17. Incurred during current year Settled during current year:	675	67,960,809	0	0	18	902,271	0	0	693	68,863,080
18.1 By payment in full	684	68,793,049	0	0	15	552,271	0	0	699	69,345,319
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	684	68,793,049	0	0	15	552,271	0	0	699	69,345,319
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	684	68,793,049	0	0	15	552,271	0	0	699	69,345,319
19. Unpaid Dec. 31, current year (16+17-18.6)	75	5,562,297	0	0	4	400,000	0	0	79	5,962,297
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	34,647	5,490,989,740	0 (a)	0	129	681,765,553	0	0	34,776	6,172,755,293
21. Issued during year	1,510	75,500,000	0	0	0	0	0	0	1,510	75,500,000
22. Other changes to in force (Net)	(2,578)	(348,625,548)	0	0	(6)	(165,761,000)	0	0	(2,584)	(514,386,548)
23. In force December 31 of current year	33,579	5,217,864,192	0 (a)	0	123	516,004,553	0	0	33,702	5,733,868,745

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,165,410,732	1,173,858,188	0	844,825,091	842,833,251
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	444	405	0	561	550
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	(809)	9,960
25.2 Guaranteed renewable (b)	48,834,680	48,527,143	0	39,412,723	39,222,962
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	373,568	320,686	0	203,901	144,401
25.5 All other (b)	135,936,579	136,382,342	0	90,019,511	85,002,239
25.6 Totals (sum of Lines 25.1 to 25.5)	185,144,827	185,230,171	0	129,635,325	124,379,562
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,350,556,003	1,359,088,764	0	974,460,978	967,213,363

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 465,341 and number of persons insured under indemnity only products 7,678 .

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1
		Amount
1.	Reserve as of December 31, Prior Year	8,893,274
2.	Current year's realized pre-tax capital gains/(losses) of \$2,828,205 transferred into the reserve net of taxes of \$989,872	1,838,334
3.	Adjustment for current year's liability gains/(losses) released from the reserve	0
4.	Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	10,731,609
5.	Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	2,611,967
6.	Reserve as of December 31, current year (Line 4 minus Line 5)	8,119,642

AMORTIZATION				
	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2016	2,498,809	113,158	0	2,611,967
2. 2017	1,932,816	284,051	0	2,216,867
3. 2018	1,373,588	319,962	0	1,693,550
4. 2019	960,488	276,500	0	1,236,988
5. 2020	712,720	232,870	0	945,590
6. 2021	522,595	188,370	0	710,965
7. 2022	362,304	148,136	0	510,439
8. 2023	222,797	118,509	0	341,306
9. 2024	125,212	86,413	0	211,624
10. 2025	58,007	53,082	0	111,089
11. 2026	14,784	17,284	0	32,068
12. 2027	3,910	0	0	3,910
13. 2028	8,686	0	0	8,686
14. 2029	23,901	0	0	23,901
15. 2030	30,198	0	0	30,198
16. 2031	25,938	0	0	25,938
17. 2032	19,316	0	0	19,316
18. 2033	6,839	0	0	6,839
19. 2034	(6,196)	0	0	(6,196)
20. 2035	(5,240)	0	0	(5,240)
21. 2036	(306)	0	0	(306)
22. 2037	1,584	0	0	1,584
23. 2038	526	0	0	526
24. 2039	0	0	0	0
25. 2040	0	0	0	0
26. 2041	0	0	0	0
27. 2042	0	0	0	0
28. 2043	0	0	0	0
29. 2044	0	0	0	0
30. 2045	0	0	0	0
31. 2046 and Later		0	0	0
32. Total (Lines 1 to 31)	8,893,275	1,838,334	0	10,731,610

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	1,863,939	0	1,863,939	0	233,531	233,531	2,097,471
2. Realized capital gains/(losses) net of taxes - General Account	93,125		93,125			0	93,125
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	203,866	0	203,866	0	4,627	4,627	208,492
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	2,160,930	0	2,160,930	0	238,158	238,158	2,399,088
9. Maximum reserve	1,284,684	0	1,284,684	0	216,862	216,862	1,501,545
10. Reserve objective	933,736	0	933,736	0	210,693	210,693	1,144,428
11. 20% of (Line 10 - Line 8)	(245,439)	0	(245,439)	0	(5,493)	(5,493)	(250,932)
12. Balance before transfers (Lines 8 + 11)	1,915,491	0	1,915,491	0	232,665	232,665	2,148,156
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(630,806)		(630,806)		(15,805)	(15,805)	(646,611)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,284,685	0	1,284,685	0	216,860	216,860	1,501,545

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	45,370,678	XXX	XXX	45,370,678	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	272,758,542	XXX	XXX	272,758,542	0.0004	109,103	0.0023	627,345	0.0030	818,276
3.	2	High Quality	43,365,920	XXX	XXX	43,365,920	0.0019	82,395	0.0058	251,522	0.0090	390,293
4.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	361,495,140	XXX	XXX	361,495,140	XXX	191,499	XXX	878,867	XXX	1,208,569
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT - TERM BONDS												
18.		Exempt Obligations	2,927,495	XXX	XXX	2,927,495	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	15,864,238	XXX	XXX	15,864,238	0.0004	6,346	0.0023	36,488	0.0030	47,593
20.	2	High Quality	3,169,116	XXX	XXX	3,169,116	0.0019	6,021	0.0058	18,381	0.0090	28,522
21.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	21,960,849	XXX	XXX	21,960,849	XXX	12,367	XXX	54,869	XXX	76,115
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	383,455,989	XXX	XXX	383,455,989	XXX	203,866	XXX	933,736	XXX	1,284,684

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
36.		Farm Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41.		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
52.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17.		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only)	2,685,856			2,685,856	0.0000	0	0.0750	201,439	0.0750	201,439
19.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
21.		Total Real Estate (Sum of Lines 18 through 20)	2,685,856	0	0	2,685,856	XXX	0	XXX	201,439	XXX	201,439
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
39.		Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
40.		Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
44.		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
48.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0010	0	0.0050	0	0.0065	0
59.		Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0035	0	0.0010	0	0.0130	0
60.		Unaffiliated - In Good Standing All Other			XXX	0	0.0060	0	0.0175	0	0.0225	0
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0420	0	0.0760	0	0.1200	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1700	0	0.1700	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
72.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
73.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit	15,422,449			15,422,449	0.0003	4,627	0.0006	9,253	0.0010	15,422
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	15,422,449	0	0	15,422,449	XXX	4,627	XXX	9,253	XXX	15,422
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0037	0	0.0037	0
82.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
84.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	15,422,449	0	0	15,422,449	XXX	4,627	XXX	9,253	XXX	15,422

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(b) Determined using the same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ASSET VALUATION RESERVE (Continued)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
NONE								
0599999 - Total								

SCHEDULE F

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,345,829,750	XXX	1,161,947,726	XXX		XXX	404	XXX	0	XXX	48,222,605	XXX		XXX	380,916	XXX	135,278,099	XXX
2. Premiums earned	1,358,923,873	XXX	1,173,671,911	XXX		XXX	405	XXX	0	XXX	48,549,004	XXX		XXX	320,210	XXX	136,382,342	XXX
3. Incurred claims	966,662,369	71.1	842,903,482	71.8	0	0.0	550	135.7	(809)	0.0	38,749,518	79.8	0	0.0	150,611	47.0	84,859,017	62.2
4. Cost containment expenses	15,711,819	1.2	13,565,098	1.2		0.0	5	1.2	0	0.0	562,972	1.2		0.0	4,447	1.4	1,579,297	1.2
5. Incurred claims and cost containment expenses (Lines 3 and 4)	982,374,188	72.3	856,468,579	73.0	0	0.0	555	136.9	(809)	0.0	39,312,490	81.0	0	0.0	155,058	48.4	86,438,314	63.4
6. Increase in contract reserves	(769,491)	(0.1)	5,547	0.0	0	0.0	0	0.0	0	0.0	(918,260)	(1.9)	0	0.0	0	0.0	143,222	0.1
7. Commissions (a)	70,616,991	5.2	54,916,799	4.7		0.0	(1)	(0.2)	0	0.0	1,831,362	3.8		0.0	107,924	33.7	13,760,907	10.1
8. Other general insurance expenses	119,363,878	8.8	101,456,600	8.6		0.0	31	7.6	0	0.0	4,366,696	9.0		0.0	23,702	7.4	13,516,849	9.9
9. Taxes, licenses and fees	96,736,623	7.1	83,642,141	7.1		0.0	17	4.2	0	0.0	2,427,495	5.0		0.0	39,477	12.3	10,627,493	7.8
10. Total other expenses incurred	286,717,492	21.1	240,015,539	20.4	0	0.0	47	11.6	0	0.0	8,625,553	17.8	0	0.0	171,103	53.4	37,905,249	27.8
11. Aggregate write-ins for deductions	83,448	0.0	72,047	0.0	0	0.0	0	0.0	0	0.0	2,990	0.0	0	0.0	24	0.0	8,388	0.0
12. Gain from underwriting before dividends or refunds	90,518,236	6.7	77,110,199	6.6	0	0.0	(197)	(48.5)	809	0.0	1,526,231	3.1	0	0.0	(5,975)	(1.9)	11,887,169	8.7
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	90,518,236	6.7	77,110,199	6.6	0	0.0	(197)	(48.5)	809	0.0	1,526,231	3.1	0	0.0	(5,975)	(1.9)	11,887,169	8.7
DETAILS OF WRITE-INS																		
1101. Aggregate Write-Ins for Deductions	83,448	0.0	72,047	0.0		0.0	0	0.0		0.0	2,990	0.0		0.0	24	0.0	8,388	0.0
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	83,448	0.0	72,047	0.0	0	0.0	0	0.0	0	0.0	2,990	0.0	0	0.0	24	0.0	8,388	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	52,384,497	44,869,024		12	0	1,110,407		50,059	6,354,995
2. Advance premiums	19,115,414	16,140,373		84	0	396,165		3,724	2,575,069
3. Reserve for rate credits	6,416,094	2,207,428		0	0	837,933		0	3,370,733
4. Total premium reserves, current year	77,916,004	63,216,824	0	95	0	2,344,505	0	53,782	12,300,797
5. Total premium reserves, prior year	89,712,065	77,053,228	0	66	0	2,903,834	0	282	9,754,655
6. Increase in total premium reserves	(11,796,061)	(13,836,404)	0	29	0	(559,328)	0	53,500	2,546,142
B. Contract Reserves:									
1. Additional reserves (a)	9,256,316	93,294		0	0	8,863,269		0	299,754
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	9,256,316	93,294	0	0	0	8,863,269	0	0	299,754
4. Total contract reserves, prior year	10,025,807	87,746	0	0	0	9,781,529	0	0	156,532
5. Increase in contract reserves	(769,491)	5,547	0	0	0	(918,260)	0	0	143,222
C. Claim Reserves and Liabilities:									
1. Total current year	163,585,796	143,683,872	0	3	0	6,531,174	0	94,513	13,276,234
2. Total prior year	169,556,511	145,605,482	0	14	0	5,366,485	0	147,803	18,436,727
3. Increase	(5,970,715)	(1,921,609)	0	(11)	0	1,164,689	0	(53,290)	(5,160,494)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	159,541,085	139,080,017	0	335	0	5,261,627		53,017	15,146,089
1.2 On claims incurred during current year	813,091,999	705,745,074	0	226	(809)	32,323,202		150,884	74,873,422
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	(166,865)	(420,665)	0	12	0	88,947		16,233	148,608
2.2 On claims incurred during current year	163,752,661	144,104,538	0	(9)	0	6,442,227		78,280	13,127,625
3. Test:									
3.1 Lines 1.1 and 2.1	159,374,220	138,659,352	0	347	0	5,350,574	0	69,250	15,294,697
3.2 Claim reserves and liabilities, December 31, prior year	169,556,511	145,605,482	0	14	0	5,366,485	0	147,803	18,436,727
3.3 Line 3.1 minus Line 3.2	(10,182,291)	(6,946,130)	0	333	0	(15,911)	0	(78,553)	(3,142,030)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0	0	0						
B. Reinsurance Ceded:									
1. Premiums written	163,019	184,545			0	(21,861)		335	0
2. Premiums earned	164,891	186,277			0	(21,861)		476	0
3. Incurred claims	1,309,716	(75,778)			0	1,391,705		(6,211)	0
4. Commissions	624	581	0		0	0		43	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	935,689,111	25,021,663	7,261,311	967,972,085
2. Beginning Claim Reserves and Liabilities	166,687,093	1,211,950	2,226,142	170,125,185
3. Ending Claim Reserves and Liabilities	160,699,108	1,115,386	1,821,798	163,636,292
4. Claims Paid	941,677,096	25,118,226	7,665,656	974,460,978
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities				0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	1,391,705	0	(81,988)	1,309,716
10. Beginning Claim Reserves and Liabilities	2,762,079	0	81,988	2,844,067
11. Ending Claim Reserves and Liabilities	1,423,358	0	0	1,423,358
12. Claims Paid	2,730,425	0	0	2,730,425
D. Net:				
13. Incurred Claims.....	934,297,406	25,021,663	7,343,300	966,662,369
14. Beginning Claim Reserves and Liabilities	163,925,014	1,211,950	2,144,154	167,281,117
15. Ending Claim Reserves and Liabilities	159,275,750	1,115,386	1,821,798	162,212,934
16. Claims Paid	938,946,671	25,118,226	7,665,656	971,730,552
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	950,009,225	25,021,663	7,343,300	982,374,188
18. Beginning Reserves and Liabilities	164,299,394	1,211,950	2,144,154	167,655,497
19. Ending Reserves and Liabilities	159,788,078	1,115,386	1,821,798	162,725,262
20. Paid Claims and Cost Containment Expenses	954,520,541	25,118,226	7,665,656	987,304,423

Schedule S - Part 1 - Section 1
N O N E

Schedule S - Part 1 - Section 2
N O N E

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	XXXL	1,395,631,000	31,333,456	34,137,306	3,361,722	1,289,059	1,554,968	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	SC		1,711,384	1,971,944				0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	QL	3,731,640,000	1,240,406,584	1,256,445,349	27,323,693	10,477,327	12,100,576	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	FL		451,124,156	485,461,473	986,170	378,149	288,180	0	0
66346	58-0828824	01/01/2008	Munich American Reassurance Company	GA	CO/I	QL	0	0	10,130	43,308	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							5,127,271,000	1,724,575,580	1,778,026,202	31,714,893	12,144,535	13,943,724	0	0
1099999. Total General Account - Authorized Non-Affiliates							5,127,271,000	1,724,575,580	1,778,026,202	31,714,893	12,144,535	13,943,724	0	0
1199999. Total General Account Authorized							5,127,271,000	1,724,575,580	1,778,026,202	31,714,893	12,144,535	13,943,724	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							5,127,271,000	1,724,575,580	1,778,026,202	31,714,893	12,144,535	13,943,724	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							5,127,271,000	1,724,575,580	1,778,026,202	31,714,893	12,144,535	13,943,724	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0	0
9999999 - Totals							5,127,271,000	1,724,575,580	1,778,026,202	31,714,893	12,144,535	13,943,724	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	LTC	0	0	682,444	0	0	0	0
66346	58-0828824	01/01/2008	Munich American Reassurance Company	GA	CO/I	A	4,590	0	0	0	0	0	0
00000	AA-9990032	01/01/2015	U.S. Department of Health and Human Services	DC	CO/I	CMM	158,429	0	0	0	0	0	0
0899999	General Account - Authorized U.S. Non-Affiliates						163,019	0	682,444	0	0	0	0
1099999	Total General Account - Authorized Non-Affiliates						163,019	0	682,444	0	0	0	0
1199999	Total General Account Authorized						163,019	0	682,444	0	0	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999	Total General Account Unauthorized						0	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0
3499999	Total General Account Authorized, Unauthorized and Certified						163,019	0	682,444	0	0	0	0
3799999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
4099999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
4199999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
4499999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
4599999	Total Separate Accounts Authorized						0	0	0	0	0	0	0
4899999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
5199999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
5599999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
5699999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
5999999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
6299999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
6699999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
6799999	Total Separate Accounts Certified						0	0	0	0	0	0	0
6899999	Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						163,019	0	682,444	0	0	0	0
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0
9999999	- Totals						163,019	0	682,444	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	31,878	35,381	38,723	42,978	46,608
2. Commissions and reinsurance expense allowances	3,567	3,233	3,416	3,919	4,249
3. Contract claims	94,604	90,431	78,123	90,109	84,345
4. Surrender benefits and withdrawals for life contracts	38,579	43,473	48,187	49,904	49,076
5. Dividends to policyholders	94	105	114	113	112
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(53,442)	(46,583)	(38,016)	(38,160)	(17,341)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	98	180	0	0	0
9. Aggregate reserves for life and accident and health contracts	1,722,889	1,776,171	1,825,283	1,860,360	1,901,459
10. Liability for deposit-type contracts	2,369	2,528	2,788	2,939	3,277
11. Contract claims unpaid	6,913	8,420	9,998	11,445	9,159
12. Amounts recoverable on reinsurance	1,373	2,275	75	329	835
13. Experience rating refunds due or unpaid	562	577	752	760	771
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					0
23. Funds deposited by and withheld from (F)					0
24. Letters of credit (L)					0
25. Trust agreements (T)					0
26. Other (O)					0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	404,726,034		404,726,034
2. Reinsurance (Line 16)	1,934,414	(1,934,414)	0
3. Premiums and considerations (Line 15)	11,088,436	0	11,088,436
4. Net credit for ceded reinsurance	XXX	1,734,104,963	1,734,104,963
5. All other admitted assets (balance)	111,739,289		111,739,289
6. Total assets excluding Separate Accounts (Line 26)	529,488,173	1,732,170,549	2,261,658,722
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	529,488,173	1,732,170,549	2,261,658,722
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	68,711,048	1,722,889,338	1,791,600,386
10. Liability for deposit-type contracts (Line 3)	0	2,368,690	2,368,690
11. Claim reserves (Line 4)	161,472,245	6,912,521	168,384,766
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	19,129,214		19,129,214
14. Other contract liabilities (Line 9)	14,634,067		14,634,067
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19. All other liabilities (balance)	95,491,186		95,491,186
20. Total liabilities excluding Separate Accounts (Line 26)	359,437,760	1,732,170,549	2,091,608,309
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	359,437,760	1,732,170,549	2,091,608,309
23. Capital & surplus (Line 38)	170,050,413	XXX	170,050,413
24. Total liabilities, capital & surplus (Line 39)	529,488,173	1,732,170,549	2,261,658,722
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	1,722,889,338		
26. Claim reserves	6,912,521		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	2,368,690		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	1,934,414		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	1,734,104,963		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	1,734,104,963		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1	2	3	4	5
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
							Totals
1.	Alabama	AL	380,369	24,776			.0
2.	Alaska	AK	0	.0			.0
3.	Arizona	AZ	615,503	54,945	11,071		.0
4.	Arkansas	AR	392,492	8,343			.0
5.	California	CA	1,414,173	175,515			.0
6.	Colorado	CO	676,221	15,491			.0
7.	Connecticut	CT	651,097	63,230			.0
8.	Delaware	DE	109,981	7,439			.0
9.	District of Columbia	DC	53,748	.0			.0
10.	Florida	FL	2,383,848	466,272	40,003		.0
11.	Georgia	GA	765,949	39,731			.0
12.	Hawaii	HI	143,396	6,304			.0
13.	Idaho	ID	36,025	6,500			.0
14.	Illinois	IL	2,680,216	218,738			.0
15.	Indiana	IN	1,234,715	211,108	7,509		.0
16.	Iowa	IA	693,098	11,677			.0
17.	Kansas	KS	152,141	7,738			.0
18.	Kentucky	KY	769,390	10,574			.0
19.	Louisiana	LA	407,704	19,874			.0
20.	Maine	ME	176,320	.0			.0
21.	Maryland	MD	886,822	41,773			.0
22.	Massachusetts	MA	173,971	30,112			.0
23.	Michigan	MI	1,743,308	87,666	11,227		.0
24.	Minnesota	MN	476,081	26,483			.0
25.	Mississippi	MS	217,987	20,884			.0
26.	Missouri	MO	1,307,254	91,007	9,594		.0
27.	Montana	MT	4,820	.0			.0
28.	Nebraska	NE	319,307	24,638			.0
29.	Nevada	NV	87,557	8,578			.0
30.	New Hampshire	NH	184,754	15,032			.0
31.	New Jersey	NJ	67,388	11,179			.0
32.	New Mexico	NM	86,835	6,459			.0
33.	New York	NY	56,590	3,809			.0
34.	North Carolina	NC	761,194	48,189			.0
35.	North Dakota	ND	76,954	.0			.0
36.	Ohio	OH	1,332,699	147,913			.0
37.	Oklahoma	OK	373,453	15,676			.0
38.	Oregon	OR	141,784	14,430			.0
39.	Pennsylvania	PA	1,155,886	9,746	6,160		.0
40.	Rhode Island	RI	50,653	5,372			.0
41.	South Carolina	SC	446,393	30,187			.0
42.	South Dakota	SD	247,792	.0			.0
43.	Tennessee	TN	1,244,731	60,779			.0
44.	Texas	TX	2,526,301	196,645	26,334		.0
45.	Utah	UT	124,449	.0			.0
46.	Vermont	VT	48,981	.0			.0
47.	Virginia	VA	1,001,862	58,742			.0
48.	Washington	WA	212,050	3,502			.0
49.	West Virginia	WV	242,703	22,904			.0
50.	Wisconsin	WI	1,399,193	38,263	7,852		.0
51.	Wyoming	WY	68,342	.0			.0
52.	American Samoa	AS	0	.0			.0
53.	Guam	GU	0	.0			.0
54.	Puerto Rico	PR	0	.0			.0
55.	U.S. Virgin Islands	VI	0	.0			.0
56.	Northern Mariana Islands	MP	0	.0			.0
57.	Canada	CAN	0	.0			.0
58.	Aggregate Other Alien	OT	28,477	4,308			.0
59.	Total		30,832,957	2,372,530	119,750	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1308130		0001363851		1070715 B.C. Unlimited Liability Company	.CAN	NIA	OptumRx Group Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2624551				310 Canyon Medical, LLC	.CA	NIA	Monarch Management Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	02-0653265				Access I.V., LLC	.CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1913523				ACN Group IPA of New York, Inc.	.NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0015861				ACN Group of California, Inc.	.CA	IA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-3485985				Advanced Care Pharmacy, Inc.	.NY	NIA	Advanced Care, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-2997132				Advanced Care, Inc.	.NY	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-3849068				AHJV MSO, Inc.	.DE	NIA	AHJV, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-3849066				AHJV, Inc.	.DE	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	22-3493126		0001461390		Alere Health Improvement Company	.DE	NIA	Alere Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2564744		0001460933		Alere Health, LLC	.DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1873062		0001156286		Alere of New York, Inc.	.NY	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0231080		0001355945		Alere Wellbeing, Inc.	.DE	NIA	Alere Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	54-1776557		0001460931		Alere Wellology, Inc.	.DE	NIA	Alere Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.82406	35-1665915				All Savers Insurance Company	.IN	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
							All Savers Life Insurance Company of California	.CA	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.73130	35-1744596				Ambient Healthcare of Central Florida, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802777				Ambient Healthcare of Georgia, Inc.	.GA	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802779				Ambient Healthcare of Northeast Florida, Inc.						UnitedHealth Group Incorporated		
		.00000	20-4881413				Ambient Healthcare of S. Florida, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-1012700				Ambient Healthcare of West Florida, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802774				Ambient Healthcare, Inc.	.FL	NIA	Ambient Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-1095227				Ambient Holdings, Inc.	.DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-2161438				Ambient Nursing Services, Inc.	.FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3738273				AmeriChoice Corporation	.DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	54-1743136		0001122263		AmeriChoice Health Services, Inc.	.DE	NIA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95497	22-3368602				AmeriChoice of New Jersey, Inc.	.NJ	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
							Amil Assistência Médica Internacional S.A.								
		.00000	98-1108620				Amico Saúde Ltda.	.BRA	NIA		Ownership	98.879	UnitedHealth Group Incorporated		
							Amico Saúde Ltda.	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	1.121	UnitedHealth Group Incorporated		
		.00000	98-1108620				Amil Assistência Médica Internacional S.A.	.BRA	NIA	Polar II Fundo de Investimento em Participações	Ownership	90.230	UnitedHealth Group Incorporated		1
		.00000	98-1109085		0001447698		Amil Clinical Research Participações Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	99.950	UnitedHealth Group Incorporated		
		.00000	98-1109085				Amil Clinical Research Participações Ltda.	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.050	UnitedHealth Group Incorporated		
		.00000	98-1138212				AMIL International	.LUX	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1110579				Amil Lifesciences Participações Ltda.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1110579				Amil Lifesciences Participações Ltda.	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1210271				Angiografia e Hemodinâmica Madre Theodora Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	27-2068687				AppleCare Medical Management, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-4312858				ARC Infusion, LLC	.CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	86-0813232				Arizona Physicians IPA, Inc.	.AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	90-0369702				ASI Global, LLC	.TX	NIA	FrontierMEDEX, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3878957				AssuranceRx, LLC	.AL	NIA	BriovaRx, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0990056		0001529111		Audax Health Solutions, LLC	.DE	NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0368187				Aveta Arizona, Inc.	.AZ	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	90-0632302				Aveta Health Solutions Inc. ....	.DE	NIA.....	NAIM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-4057813		0001355487		Aveta Inc. ....	.DE	NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2823524				Aveta Kansas City, Inc. ....	.KS	NIA.....	NAIM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	36-4704309				Aveta Tennessee, Inc. ....	.DE	NIA.....	NAIM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-2565032				AxelaCare Health Solutions, LLC .....	.DE	NIA.....	BriovaRx Infusion Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	30-0842394				AxelaCare Intermediate Holdings, LLC .....	.DE	NIA.....	OptumRx, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	61-1708598				AxelaCare, LLC .....	.DE	NIA.....	AxelaCare Intermediate Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0267857				Behavioral Healthcare Options, Inc. ....	.NV	NIA.....	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1112673				Bosque Medical Center Ltda. ....	.BRA	NIA.....	Amil Assistência Médica Internacional S.A.	Ownership.....	81.653	UnitedHealth Group Incorporated		
		.00000	98-1112673				Bosque Medical Center Ltda. ....	.BRA	NIA.....	Esho – Empresa de Serviços Hospitalares S.A.	Ownership.....	18.347	UnitedHealth Group Incorporated		
		.00000	27-3918706		0001507772		BriovaRx Infusion Services, Inc. ....	.DE	NIA.....	AxelaCare, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-4515146				BriovaRx of California, Inc. ....	.CA	NIA.....	Salveo Specialty Pharmacy, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	11-3647935				BriovaRx of Florida, Inc. ....	.DE	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-1930321				BriovaRx of Georgia, LLC .....	.GA	NIA.....	BriovaRx, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-2348504				BriovaRx of Hawaii, LLC .....	.HI	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-2731176				BriovaRx of Indiana, LLC .....	.IN	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-2790537				BriovaRx of Louisiana, LLC .....	.LA	NIA.....	BriovaRx, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	01-0516051		0001601630		BriovaRx of Maine, Inc. ....	.ME	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-3331130				BriovaRx of Massachusetts, LLC .....	.MA	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	45-2532834				BriovaRx of Nevada, LLC .....	.NV	NIA.....	OptumRx PBM of Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	74-3103518				BriovaRx of New York, Inc. ....	.NY	NIA.....	Salveo Specialty Pharmacy, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-2719823				BriovaRx of Texas, Inc. ....	.TX	NIA.....	BriovaRx of Florida, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	55-0824381		0001601629		BriovaRx, LLC .....	.AL	NIA.....	BriovaRx of Maine, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-1981651				Cardio Management, Inc. ....	.DE	NIA.....	OrthoNet Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-8375685				Care Improvement Plus Group Management, LLC ..	.MD	NIA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12558	45-4976934				Care Improvement Plus of Texas Insurance Company	.TX	.IA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12567	20-3888112				Care Improvement Plus South Central Insurance Company	.AR	.IA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.14041	27-5038136				Care Improvement Plus Wisconsin Insurance Company	.WI	.IA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1328471				Casa de Saúde Santa Therezinha S.A. ....	.BRA	NIA.....	Hospital Alvorada de Taguatinga Ltda.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-5807941				Catalyst360, LLC .....	.DE	NIA.....	Optum Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-0666840		0001600768		Catamaran Health Solutions, LLC .....	.DE	NIA.....	OptumRx Administrative Services, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	80-0870454		0001600637		Catamaran Holdings I, LLC .....	.DE	NIA.....	OptumRx Group Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-0218027				Catamaran IPA III, Inc. ....	.NY	NIA.....	Catamaran PBM of Illinois II, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-4241298				Catamaran Mail, LLC .....	.DE	NIA.....	Catamaran Health Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-3419292				Catamaran of Pennsylvania, LLC .....	.DE	NIA.....	Catamaran Health Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	36-4049815		0001600742		Catamaran PBM of Illinois II, Inc. ....	.IL	NIA.....	OptumRx PBM of Maryland, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-1424534				Catamaran PBM of Puerto Rico, LLC .....	.NV	NIA.....	OptumRx PBM of Maryland, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	16-1767416				Catamaran PD of Pennsylvania, LLC .....	.PA	NIA.....	Catamaran of Pennsylvania, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-1438879				Catamaran PD of Puerto Rico, LLC .....	.NV	NIA.....	OptumRx PBM of Maryland, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-3633484		0001601643		Catamaran Rebate Management, Inc. ....	.NV	NIA.....	OptumRx PBM of Maryland, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1069737				Catamaran S.á r.l. ....	.LUX	NIA.....	OptumRx Group Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-0543382				Catamaran Senior Services, LLC .....	.AL	NIA.....	Optum Hospice Pharmacy Services, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1111491				Cemed Care – Empresa de Atendimento Clínico Geral Ltda. ....	.BRA	NIA.....	Amil Assistência Médica Internacional S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1111491				Cemed Care – Empresa de Atendimento Clínico Geral Ltda. ....	.BRA	NIA.....	Anico Saúde Ltda.	Ownership.....	0.000	UnitedHealth Group Incorporated		
		.00000	98-1310461				Centro Médico PJ Ltda. ....	.BRA	NIA.....	Esho – Empresa de Serviços Hospitalares S.A.	Ownership.....	99.990	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1310461				Centro Médico PJ Ltda.	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.010	UnitedHealth Group Incorporated		
		.00000	98-1093539				ChinaGate (Hong Kong) Limited	.HKG	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1094627				ChinaGate Company Limited	.CHN	NIA	ChinaGate (Hong Kong) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1337965				Clínica Oftalmologica Danilo de Castro Sociedade Simples	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.667	UnitedHealth Group Incorporated		
		.00000	98-1337965				Clínica Oftalmologica Danilo de Castro Sociedade Simples	.BRA	NIA	Lotten-Eyes Oftalmologia Clínica e Cirurgica Ltda.	Ownership	0.333	UnitedHealth Group Incorporated		
		.00000	98-1337968				CMO – Centro Médico de Oftalmologia S/S Ltda.	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000	98-1337968				CMO – Centro Médico de Oftalmologia S/S Ltda.	.BRA	NIA	Lotten-Eyes Oftalmologia Clínica e Cirurgica Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	98-1277015				CMS – Central de Manipulação e Serviços Farmacêuticos S.A.	.BRA	NIA	COI – Clínicas Oncológicas Integradas S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-2674371				Coachella Valley Physicians of PrimeCare, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1193028				Coalition for Advanced Pharmacy Services, Inc.	.DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1276040				COI – Clínicas Oncológicas Integradas S.A.	.BRA	NIA	COI Participações S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1275801				COI Participações S.A.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	87.270	UnitedHealth Group Incorporated		2
		.00000	27-2337616				Collaborative Care Holdings, LLC	.DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2337487				Collaborative Care Services, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-3470466				Collaborative Care Solutions, LLC	.DE	NIA	Collaborative Care Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-2614005				Collaborative Realty, LLC	.NY	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-3647007				Comfort Care Transportation, LLC	.TX	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	61-1351358				Commonwealth Administrators, LLC	.KY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-1825933				Connexions HCI, LLC	.FL	NIA	Connexions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	59-3684411				Connexions, Inc.	.FL	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-5654789				Crescent Drug Corp.	.NY	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-0080565				Cypress Care, Inc.	.DE	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Day-Op Surgery Consulting Company, LLC	.DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1811176				DBP Services of New York IPA, Inc.	.NY	NIA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							Dental Benefit Providers of California, Inc.								
		.00000	52-1452809					.CA	.IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.52053	36-4008355				Dental Benefit Providers of Illinois, Inc.	.IL	.IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-2014834				Dental Benefit Providers, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1285762				Dilab Medicina Nuclear Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	85.000	UnitedHealth Group Incorporated		1
		.00000	30-0238641				Distance Learning Network, Inc.	.DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Duncan Printing Services, LLC	.SC	.DS	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	N	
		.00000	59-3625966				DWIC of Tampa Bay, Inc.	.FL	NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-1162764				Electronic Network Systems, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1103713				ELG FZE	.ARE	NIA	Frontier MEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1339173				Elual Participações S.A.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	60.000	UnitedHealth Group Incorporated		
		.00000	98-1339173				Elual Participações S.A.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	40.000	UnitedHealth Group Incorporated		
		.00000					Empire Physician Management Company, LLC	.CA	NIA	California, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					EP Campus I, LLC	.DE	.DS	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	N	
		.00000	98-1111172				Esho – Empresa de Serviços Hospitalares S.A.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	99.225	UnitedHealth Group Incorporated		3

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1122399				Etho – Empresa de Tecnologia Hospitalar Ltda.	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	71.920	UnitedHealth Group Incorporated		1
		.00000	86-0964571				Evercare Collaborative Solutions, Inc.	.DE	NIA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1111239				Excellion Serviços Biomédicos Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1111239				Excellion Serviços Biomédicos Ltda.	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	11-3669765				Executive Health Resources, Inc.	.PA	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1259260				Exploration for Mine Clearance LLC	.IRQ	NIA	Frontier MEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0223385				Family Health Care Services	.NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0257036				Family Home Hospice, Inc.	.NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-4106571				First Rx Specialty and Mail Services, LLC	.DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2456267				FMG Holdings, LLC	.DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	86-0908902				For Health of Arizona, Inc.	.AZ	NIA	For Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0766617				For Health, Inc.	.DE	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1029201				Frontier MEDEX Limited	.GBR	NIA	UnitedHealthcare International I B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1172769				Frontier Medex Tanzania Limited	.TZA	NIA	Frontier MEDEX Limited	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000	98-1172769				Frontier Medex Tanzania Limited	.TZA	NIA	FrontierMEDEX Limited	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	68-0679514				FrontierMEDEX (RMS), Inc.	.DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-5339512				FrontierMEDEX Government Services, LLC	.DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1147103				FrontierMEDEX Kenya Limited	.KEN	NIA	Frontier MEDEX Limited	Ownership	99.900	UnitedHealth Group Incorporated		
		.00000	98-1147103				FrontierMEDEX Kenya Limited	.KEN	NIA	UnitedHealthcare International I B.V.	Ownership	0.100	UnitedHealth Group Incorporated		
		.00000	98-1101521				FrontierMEDEX Limited	.IRQ	NIA	Frontier MEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-1219808				FrontierMEDEX US, Inc.	.DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2230470				FrontierMEDEX, Inc.	.MNX	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-0920164				gethealthinsurance.com Agency Inc.	.IN	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3420886				Golden Outlook, Inc.	.CA	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-0855360				Golden Rule Financial Corporation	.DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.62286	37-6028756	3057283			Golden Rule Insurance Company	.IN	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2196224				Guardian Health Systems Limited Partnership	.OK	NIA	BriovaRx Infusion Services, Inc.	Ownership	99.950	UnitedHealth Group Incorporated		
		.00000	75-2196224				Guardian Health Systems Limited Partnership	.OK	NIA	AxelaCare Health Solutions, LLC	Ownership	0.050	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.79480	98-0213198				H&W Indemnity (SPC), Ltd.	.CYM	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-1279304				Harken Health Insurance Company	.WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	23-2171049				Health Business Systems, Inc.	.PA	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.43893	13-3584296				Health Net Insurance of New York, Inc.	.NY	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-0153069				Health Net Services (Bermuda) Ltd.	.BMU	NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96342	88-0201035				Health Plan of Nevada, Inc.	.NV	IA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1098167				Health Technology Analysts Pty Limited	.AUS	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	95-4763349				HealthAllies, Inc.	.DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	77-0693060				Healthcare Solutions, Inc.	.DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-1472832				Highlands Ranch Healthcare, LLC	.CO	NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-1103256				Home Care I.V. of Bend, LLC	.OR	NIA	SOP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0668812				Home Infusion With Heart, LLC	.NE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8910978				Hospice Inspiris Holdings, Inc.	.TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1286038				Hospitais Associados de Pernambuco Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	90.000	UnitedHealth Group Incorporated		1
		.00000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	.BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	79.628	UnitedHealth Group Incorporated		
		.00000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	.BRA	NIA	Bosque Medical Center Ltda.	Ownership	20.372	UnitedHealth Group Incorporated		
		.00000	98-1310065				Hospital de Clínicas de Jacarepaguá Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1310065				Hospital de Clínicas de Jacarepaguá Ltda.	.BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	98-1284950				Hospital Maternidade Promater Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1284950				Hospital Maternidade Promater Ltda.	.BRA	NIA	Seisa Serviços Integrados de Saúde Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1328324				Hospital Samaritano de São Paulo Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1328324				Hospital Samaritano de São Paulo Ltda.	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1332673				Hospital Santa Helena S.A.	.BRA	NIA	Elual Participações S.A.	Ownership	65.210	UnitedHealth Group Incorporated		
		.00000	98-1332673				Hospital Santa Helena S.A.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	34.790	UnitedHealth Group Incorporated		
		.00000	26-2912304		0001441730		Humedica, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4331825				Hygeia Corporation	.DE	NIA	UnitedHealth International, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1099968				Hygeia Corporation	.CAN	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Imed Star – Serviços de Desempenho Organizacional Ltda.	.BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Imed Star – Serviços de Desempenho Organizacional Ltda.	.BRA	NIA	UHG Brasil Participações S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	75-2574317				Impel Consulting Experts, L.L.C.	.TX	NIA	Impel Management Services, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2574317				Impel Management Services, L.L.C.	.TX	NIA	USMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0941801				Infusource, LLC	.CA	NIA	SOP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1641102				Ingram & Associates, LLC	.TN	NIA	Optum360, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0482274				inPharmative, Inc.	.NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-4138668				INSPIRIS of New York IPA, Inc.	.NY	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-4138665				INSPIRIS of New York Management, Inc.	.NY	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-5355196				Inspiris of Tennessee, Inc.	.TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2885572				INSPIRIS of Texas Physician Group	.TX	NIA	Inspiris Services Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-0683057				Inspiris Services Company	.TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0766366				Inspiris, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1097022				International Psychological Services Pty Limited	.AUS	NIA	Optum Health & Technology (Australia) Pty Ltd	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					IRX Financing I LLC	.DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0409538				Lifeprint Accountable Care Organization, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-3143218				Lifeprint East, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2309024				LifePrint Health, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	39-1974851				Logistics Health, Inc.	.WI	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1337963				Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.	.BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1337963				Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1137620				Lusiadas – Parcerias Cascais, S.A.	.PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	70.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	Lusiadas, S.A.	Ownership	20.000	UnitedHealth Group Incorporated		
		.00000	98-1139095				Lusiadas A.C.E.	.PRT	NIA	Lusiadas – Parcerias Cascais, S.A.	Ownership	10.000	UnitedHealth Group Incorporated		
		.00000	98-1139089				Lusiadas, S.A.	.PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1138570				Lusiadas, SGPS, S.A.	.PRT	NIA	Anil International	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1315536				Mamoeo – Mamografia e Ecografia, Centro de Diagnóstico, Lda	.PRT	NIA	Lusiadas, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2129787				MANISI Insurance Resources, LLC	.MD	.DS	OneNet PPO, LLC	Ownership	100.000	UnitedHealth Group Incorporated	N	
0707	UnitedHealth Group Incorporated	.60321	52-1803283				MANISI Life and Health Insurance Company	.MD	.IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1782475				Managed Physical Network, Inc.	.NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2880404				March Holdings, Inc.	.CA	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3042852				March Vision Care, Inc.	.CA	.IA	March Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	43-1967820				Mat-Rx Development, L.L.C.	.TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Mat-Rx Fort Worth GP, L.L.C.	.TX	NIA	Mat-Rx Development, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0707	UnitedHealth Group Incorporated	00000	42-1741594				MD Ops, Inc.	CA	NIA	North American Medical Management California, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		96310	52-1169135				MD-Individual Practice Association, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Medalliance Net Ltda.	BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Medalliance Net Ltda.	BRA	NIA	UHG Brasil Participações S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		00000	52-2178531				MEDEX Insurance Services, Inc.	MD	NIA	FrontierMEDEX, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	20-3824377				MedExpress Development, LLC	FL	NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					MedExpress Urgent Care of Boynton Beach, LLC								
		00000	20-2545363					FL	NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					MedExpress Urgent Care, Inc. – Ohio	OH	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		12756	20-3391186				Medica Health Plans of Florida, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	12155	01-0788576				Medica HealthCare Plans, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	75-2566987				Medical Clinic of North Texas PLLC	TX	NIA	USMD Affiliated Services	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Medical Preparatory School of Allied Health, LLC								
		00000	26-4808018					TX	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	32-0037402				Medical Transportation Services, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	75-2682287				MedSynergies North Texas, LLC	TX	NIA	PHYS Holdings LLC	Ownership	70.000	UnitedHealth Group Incorporated		
		00000	75-2682287				MedSynergies North Texas, LLC	TX	NIA	PhyServe Holdings LLC	Ownership	30.000	UnitedHealth Group Incorporated		
		00000	75-2515691				MedSynergies, LLC	DE	NIA	Mustang Razorback Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	59-3392313				Metro I Stone Management, Ltd.	TX	NIA	USMD Inc.	Ownership	60.000	UnitedHealth Group Incorporated		4
		00000	27-2252446				MHC Real Estate Holdings, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	46-3949765				MN Waypoint Sports Physical Therapy, Inc.	DE	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Mobile Medical Professionals, Inc.	IA	NIA	TeamMD Iowa, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	31-1191553				Modern Medical, Inc.	OH	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	45-3142852				Monarch Management Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					MSLA Management LLC	DE	NIA	Logistics Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000								Esho – Empresa de Serviços Hospitalares S.A.	Ownership				1
		00000	98-1285432				Multiangio Ltda.	BRA	NIA		Ownership	68.000	UnitedHealth Group Incorporated		
		00000	47-1935798				Mustang Razorback Holdings, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					MXMD Centros De Cancer, S. De R.L. De C.V.		NIA	USMD Cancer Treatment Centers, L.L.C.	Ownership	50.000	UnitedHealth Group Incorporated		4
		00000	20-3236839				NAIM Holdings, Inc.	DE	NIA	Aveta Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		95251	76-0196559				National Pacific Dental, Inc.	TX	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	95123	65-0996107				Neighborhood Health Partnership, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	20-4755277				Netwerkes, LLC	TN	NIA	Payment Resolution Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	46-3584152				Nevada Medical Services LLC	NV	NIA	Collaborative Care Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		95758	88-0228572				Nevada Pacific Dental	NV	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					North American Medical Management – Illinois, Inc.	IL	NIA	NAIM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					North American Medical Management California, Inc.	TN	NIA	NAIM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	33-0673955								Ownership	100.000	UnitedHealth Group Incorporated		
		00000	88-0245121				Northern Nevada Health Network, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Nutritional/Parenteral Home Care of Huntsville, Inc.	AL	NIA	Nutritional/Parenteral Home Care, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	63-0964525				Nutritional/Parenteral Home Care, Inc.	AL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	63-1284325								Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	00000	52-2129786				OneNet PPO, LLC	MD	DS	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	N	
		96940	52-1518174				Optimum Choice, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	47-0858534	3202702			Optum Bank, Inc.	UT	NIA	OptumHealth Financial Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	36-3437660				Optum Biometrics, Inc.	IL	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000	45-3142512				Optum Clinical Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		1
		00000	37-1782217		0001641013		Optum Clinics Holdings, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	97.200	UnitedHealth Group Incorporated		
		00000	38-3969193				Optum Clinics Intermediate Holdings, Inc.	DE	NIA	Optum Clinics Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		00000					Optum Global Finance (Ireland) Unlimited Company	IRL	NIA		Ownership				
		00000	98-1325466							Optum Global Solutions (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Y/N)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tion- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
		.00000	98-1103015				Optum Global Solutions (India) Private Limited	.IND	NIA	Optum Global Solutions International B.V. UnitedHealthcare International II S.á r.l.	Ownership	99.900	UnitedHealth Group Incorporated		5
		.00000	98-1307821				Optum Global Solutions (Ireland) Limited	.IRL	NIA		Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1097776				Optum Global Solutions (Philippines), Inc.	.PHL	NIA	Optum Global Solutions International B.V.	Ownership	99.992	UnitedHealth Group Incorporated		6
		.00000	98-1201187				Optum Global Solutions International B.V.	.NLD	NIA	Optum Technology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3574101				Optum Government Solutions, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1185943				Optum Health & Technology (Australia) Pty Ltd	.AUS	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1095799				Optum Health & Technology (India) Private Limited	.IND	NIA	OptumHealth International B.V.	Ownership	99.996	UnitedHealth Group Incorporated		
		.00000	98-1095799				Optum Health & Technology (India) Private Limited	.IND	NIA	United Behavioral Health	Ownership	0.004	UnitedHealth Group Incorporated		
		.00000	98-1097886				Optum Health & Technology (Singapore) Pte. Ltd.	.SGP	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1095879				Optum Health & Technology (UK) Limited	.GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2149493				Optum Health & Technology (US), LLC	.MO	NIA	United Behavioral Health	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	43-1747235				Optum Health & Technology Holdings (US), LLC	.MO	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	.BRA	NIA	Optum Global Solutions International B.V.	Ownership	99.996	UnitedHealth Group Incorporated		
		.00000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	.BRA	NIA	OptumInsight, Inc.	Ownership	0.004	UnitedHealth Group Incorporated		
		.00000	98-1276517				Optum Health and Technology FZ-LLC	.ARE	NIA	Optum Global Solutions International B.V. Optum Health & Technology Holdings (US), LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1097921				Optum Health Services (Canada) Ltd.	.CAN	NIA		Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1147355				Optum Health Solutions (UK) Limited	.GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2068880		0001460656		Optum Healthcare of Illinois, Inc.	.GA	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0212381				Optum Hospice Pharmacy Services, LLC	.DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.69647	31-0628424				Optum Insurance of Ohio, Inc.	.OH	IA	OptumRx PBM of Maryland, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-4734521				Optum Labs Dimensions, Inc.	.DE	NIA	Optum Labs, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1249178				Optum Labs International (UK) Ltd.	.GBR	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1615964				Optum Labs, Inc.	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1209730				Optum Life Sciences (Canada) Inc.	.CAN	NIA	OptumInsight Life Sciences, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1098190				Optum Management Consulting (Shanghai) Co., Ltd.	.CHN	NIA	Optum Health & Technology Holdings (US), LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	90-1001805				Optum Nevada Accountable Care Organization LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8911466				Optum Palliative and Hospice Care of Pennsylvania, Inc.	.TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8911303				Optum Palliative and Hospice Care of Texas, Inc.	.TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0226127				Optum Palliative and Hospice Care, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4581265				Optum Public Sector Solutions, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3328009				Optum Rocket, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	66-0870003				Optum Services (Puerto Rico) LLC	.DE	NIA	UnitedHealthcare International III B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4683454				Optum Services, Inc.	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	.BRA	NIA	Optum Global Solutions International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	.BRA	NIA	OptumHealth International B.V.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-0644599				Optum Solutions UK Holdings Limited	.GBR	NIA	Optum Health & Technology Holdings (US), LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-5713629				Optum Technology, Inc.	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1097769				Optum UK Solutions Group Limited	.GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2205984		0001460641		Optum Women's and Children's Health, LLC	.DE	NIA	Alere Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0580620	3119994			Optum, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3983926				Optum360 Services, Inc.	.DE	NIA	Optum Rocket, Inc.	Ownership	69.000	UnitedHealth Group Incorporated		4
		.00000	46-3328307				Optum360, LLC	.DE	NIA	Optum Rocket, Inc.	Ownership	75.000	UnitedHealth Group Incorporated		4
		.00000	41-1591944				OptumHealth Care Solutions, Inc.	.MN	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0858530				OptumHealth Financial Services, Inc.	.DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1192395				OptumHealth Holdings, LLC	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1106868				OptumHealth International B.V.	.MLD	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					OptumInsight Holdings, LLC	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3383745				OptumInsight Life Sciences, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1858498				OptumInsight, Inc.	.DE	NIA	OptumInsight Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2578509		0001600762		OptumRx Administrative Services, LLC	.TX	NIA	Catamaran Holdings I, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	31-1728846				OptumRx Discount Card Services, LLC	.DE	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4734235				OptumRx Group Holdings, Inc.	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					OptumRx Holdings, LLC	.DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1734077				OptumRx Home Delivery of Illinois, LLC	.IL	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	34-1472211				OptumRx Home Delivery of Ohio, Inc.	.OH	NIA	First Rx Specialty and Mail Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0151096				OptumRx NY IPA, Inc.	.NY	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-2581812		0001600760		OptumRx PBM of Illinois, Inc.	.DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0361447		0001600759		OptumRx PBM of Maryland, Inc.	.NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	03-0592263		0001601641		OptumRx PBM of Pennsylvania, LLC	.PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-3693753				OptumRx PBM of Wisconsin, LLC	.WI	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	61-1485410				OptumRx PD of Maryland, Inc.	.NV	NIA	OptumRx PBM of Maryland, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0373347				OptumRx Pharmacy of Nevada, Inc.	.NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3146510				OptumRx Pharmacy, Inc.	.DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0441200				OptumRx, Inc.	.CA	NIA	OptumRx Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2881462				Orthology Mid-Atlantic, Inc.	.DE	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2742615				Orthology, Inc.	.DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	80.000	UnitedHealth Group Incorporated		7
		.00000	13-3960641		0001342696		OrthoNet Holdings, Inc.	.DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3818652				OrthoNet LLC	.NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-4025898				OrthoNet New York IPA, Inc.	.NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0029448				OrthoNet of the Mid-Atlantic, Inc.	.DE	IA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2884306				OrthoNet of the South, Inc.	.DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1581769				OrthoNet Services, Inc.	.DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0221966				OrthoNet West, Inc.	.DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1921007				Ovations, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1587795				Oxford Benefit Management, Inc.	.CT	NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.78026	22-2797560				Oxford Health Insurance, Inc.	.NY	DS	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	N	
.0707	UnitedHealth Group Incorporated	.96798	06-1181201				Oxford Health Plans (CT), Inc.	.CT	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95506	22-2745725				Oxford Health Plans (NJ), Inc.	.NJ	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95479	06-1181200				Oxford Health Plans (NY), Inc.	.NY	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2443751				Oxford Health Plans LLC	.DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3531389				P2 Lower Acquisition, LLC	.DE	NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							PacifiCare Life and Health Insurance Company								
.0707	UnitedHealth Group Incorporated	.70785	35-1137395					.IN	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.84506	95-2829463				PacifiCare Life Assurance Company	.CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95617	94-3267522		0001225819		PacifiCare of Arizona, Inc.	.AZ	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95434	84-1011378		0001225822		PacifiCare of Colorado, Inc.	.CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95685	86-0875231		0001225835		PacifiCare of Nevada, Inc.	.NV	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1451147				Payment Resolution Services, LLC	.TN	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-3265056				PCCCV, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2447772				PCN DE Corp.	.DE	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Perham Physical Therapy, LTD.	.MN	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0707	UnitedHealth Group Incorporated	.00000	68-0044962				Pharmaceutical Care Network	.CA	NIA	PCN DE Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3722897				Pharmacy Review Services, LLC	.FL	NIA	Tmesys, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2288416				PHC Subsidiary Holdings, LLC	.TX	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8016933				PHYS Holdings LLC	.DE	NIA	PhyServe Holdings LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8016984				PhyServe Holdings LLC	.DE	NIA	MedSynergies, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
							North American Medical Management -								
		.00000	80-0654665				Physician Care Partners, Inc.	.IL	NIA	Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.11494	04-3677255				Physicians Health Choice of Texas, LLC	.TX	.IA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1162824				Physicians Health Plan of Maryland, Inc.	.MD	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							Plus One Health Management Puerto Rico, Inc.								
		.00000	66-0742844					.PR	NIA	Plus One Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3613705				Plus One Holdings, Inc.	.DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0670247				PMI Acquisition, LLC	.DE	NIA	Progressive Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0920536				PMSI Holdco II, LLC	.DE	NIA	P2 Lower Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3148744				PMSI Holdings, LLC	.DE	NIA	PMSI Holdco II, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.00000	59-3166848				PMSI Settlement Solutions, LLC	.FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-2422696				PMSI, LLC	.FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
							Polar II Fundo de Investimento em Participações	.BRA	NIA	UnitedHealthcare International IV S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1083164												
		.00000	47-5563948				Polo Holdco, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		4
		.00000	75-2741619				ppoONE, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-0683927				Preferred Care Partners Holding, Corp.	.FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1845018				Preferred Care Partners Medical Group, Inc.	.FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.11176	65-0885893				Preferred Care Partners, Inc.	.FL	.IA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-3265059				Premier Choice ACO, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0253112				Prime Health, Inc.	.NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0607478				PrimeCare Medical Network, Inc.	.CA	.IA	NAMI Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	87-0757397				PrimeCare of Citrus Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	33-0674407				PrimeCare of Corona, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674401				PrimeCare of Hemet Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674408				PrimeCare of Inland Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674402				PrimeCare of Moreno Valley, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674400				PrimeCare of Redlands, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674404				PrimeCare of Riverside, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1915328				PrimeCare of San Bernardino, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0698439				PrimeCare of Sun City, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674409				PrimeCare of Temecula, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	14-1873402				Procura Management, Inc.	.DE	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-4371197				Progressive Enterprises Holdings, Inc.	.DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	31-1192384				Progressive Medical, LLC	.OH	NIA	PMI Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	90-0642980				Progressive Solutions, LLC	.DE	NIA	P2 Lower Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0229091				ProHEALTH Fitness of Lake Success, LLC	.NY	NIA	ProHEALTH Medical Management, LLC	Ownership	82.620	UnitedHealth Group Incorporated		4
		.00000	47-1049961				ProHEALTH Medical Management, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	45-5470737				ProHealth Physicians ACO, LLC	.CT	NIA	ProHealth Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1446075				ProHealth Physicians, Inc.	.CT	NIA	Polo Holdco, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	32-0455430				ProHealth Proton Center Management, LLC	.DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	57-0861358				Pronetics Health Care Group, Inc.	.SC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2016292				Quality Software Services, Inc.	.MD	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3168754				R&H Family Fitness Unlimited LLC	.TX	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2493256				Rally Health, Inc.	.DE	NIA	Optum Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0947972				Real Appeal, Inc.	.DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	98.000	UnitedHealth Group Incorporated		6
		.00000					Riverside Medical Management, LLC	.DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-2219585		0001522802		Salveo Specialty Pharmacy, Inc.	.DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Santa Helena Assistência Médica S.A.	.BRA	NIA	Elual Participações S.A.	Ownership	65.210	UnitedHealth Group Incorporated		

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SCHEDULE Y
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		.00000					Santa Helena Assistência Médica S.A.BRA	.NIA	Anil Assistência Médica Internacional S.A.	Ownership.....	34.790	UnitedHealth Group Incorporated		
		.00000	27-2635371				SCP Specialty Infusion, LLC .....	.DE	.NIA	BriovaRx Infusion Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0492251				ScriptNet, LLC .....	.DE	.NIA	Healthcare Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1097822				ScriptSwitch Limited .....	.GBR	.NIA	Optum UK Solutions Group Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda. ....	.BRA	.NIA	Anil Assistência Médica Internacional S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda. ....	.BRA	.NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership.....	0.000	UnitedHealth Group Incorporated		
		.00000	20-4763091				Senior Care Partners, Inc. ....	.IL	.NIA	North American Medical Management - Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-1533951		0001487203		Serquinox Holdings LLC .....	.DE	.NIA	BriovaRx Infusion Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-1533840				Serquinox LLC .....	.DE	.NIA	Serquinox Holdings LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.71420	94-0734860				Sierra Health and Life Insurance Company, Inc. ....	.NV	.IA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0200415		0000754009		Sierra Health Services, Inc. ....	.NV	.NIA	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0254322				Sierra Health-Care Options, Inc. ....	.NV	.NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0385705				Sierra Home Medical Products, Inc. ....	.NV	.NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0264562				Sierra Nevada Administrators, Inc. ....	.NV	.NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-3741084				Sirona Infusion, L.L.C. ....	.AZ	.NIA	SCP Specialty Infusion, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	88-0201420				Southwest Medical Associates, Inc. ....	.NV	.NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	38-2609888				Southwest Michigan Health Network Inc. ....	.MI	.NIA	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1921983				Specialty Benefits, LLC .....	.DE	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	71-0886811				Spectera of New York, IPA, Inc. ....	.NY	.NIA	Spectera, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	52-1260282				Spectera, Inc. ....	.MD	.NIA	Specialty Benefits, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					Sports and Spinal Physical Therapy, Inc. ....	.DC	.NIA	Orthology, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-5587702				Spotlite, Inc. ....	.DE	.NIA	Rally Health, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-0008097				StoneRiver P2P Link, LLC .....	.DE	.NIA	StoneRiver Pharmacy Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	62-1770924				StoneRiver Pharmacy Solutions, LLC .....	.DE	.NIA	Progressive Solutions, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	90-0884047				Summit Home Infusion, LLC .....	.DE	.NIA	BriovaRx Infusion Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					SXC Comet, LLC .....	.DE	.NIA	OptumRx Administrative Services, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-1536748				Symphonix Health Holdings, LLC .....	.DE	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.84549	38-2044243				Symphonix Health Insurance, Inc. ....	.IL	.IA	Symphonix Health Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000					TeamMD Holdings, Inc. ....	.DE	.NIA	UnitedHealth Group Ventures, LLC	Ownership.....	80.000	UnitedHealth Group Incorporated		1
		.00000					TeamMD Iowa, Inc. ....	.DE	.NIA	TeamMD Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	56-1970224		0001284028		The Lewin Group, Inc. ....	.NC	.NIA	Optum Public Sector Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	25-1825549				Three Rivers Holdings, Inc. ....	.DE	.NIA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	59-3143128				Tmesys, LLC .....	.FL	.NIA	PMSI Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1287904				Topimagem Diagnóstico por Imagem Ltda. ....	.BRA	.NIA	S.A.	Ownership.....	89.000	UnitedHealth Group Incorporated		1
		.00000	52-1431155				Travel Express Incorporated .....	.MD	.NIA	FrontierMEDEx, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-4963945				Trinity Infusion, Inc. ....	.NC	.NIA	Ambient Healthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	94-3077084				U.S. Behavioral Health Plan, California .....	.CA	.IA	United Behavioral Health	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1113428				UHC Global Health Services BC Ltd. ....	.CAN	.NIA	UnitedHealthcare Global Canada Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1913059				UHC International Services, Inc. ....	.DE	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	95-2931460		0001225831		UHC of California .....	.CA	.IA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1122490				UHG Brasil Participações S.A. ....	.BRA	.NIA	Participações	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1921008				UHC Holdings, Inc. ....	.DE	.JDP	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	14-1892398				Ultima Rx, LLC .....	.FL	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	39-1995276				UMR, Inc. ....	.DE	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.91529	52-1996029				Unimerica Insurance Company .....	.WI	.IA	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.11596	01-0637149				Unimerica Life Insurance Company of New YorkNY	.DS	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated	N	

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		.00000	25-1877716				Unison Administrative Services, LLCPA	.NIA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	20-5917714				Unison Health Plan of Delaware, Inc. ....	.DE	.IA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	94-2649097				United Behavioral Health .....	.CA	.NIA	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1868911				United Behavioral Health of New York, I.P.A., Inc. ....	.NY	.NIA	United Behavioral Health	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1941615				United Health Foundation .....	.MN	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1289245	3410132	0001310133		United HealthCare Services, Inc. ....	.MN	.UIP	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	30-0318238				United Resource Networks IPA of New York, Inc. ....	.NY	.NIA	OptumHealth Care Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	01-0538317				UnitedHealth Advisors, LLC .....	.ME	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1097761				UnitedHealth Group Global Healthcare Services Limited .....	.JRL	.NIA	Optum Global Solutions International B.V.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1321939	4665014	0000731766	New York Stock Exchange ..	UnitedHealth Group Incorporated .....	.DE	.UIP	Optum Global Solutions (India) Private Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1093259				UnitedHealth Group Information Services Private Limited .....	.IND	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1079826				UnitedHealth Group International GP .....	.CYM	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1080118				UnitedHealth Group International L.P. ....	.CYM	.NIA	UnitedHealth Group International GP	Ownership.....	84.984	UnitedHealth Group Incorporated .....		.8
		.00000	98-1080118				UnitedHealth Group International L.P. ....	.CYM	.NIA	FMG Holdings, LLC	Ownership.....	14.815	UnitedHealth Group Incorporated .....		.8
		.00000	98-1080118				UnitedHealth Group International L.P. ....	.CYM	.NIA	Hygeia Corporation	Ownership.....	0.201	UnitedHealth Group Incorporated .....		.8
		.00000	46-3311984				UnitedHealth Group Ventures, LLC .....	.DE	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1917398				UnitedHealth International, Inc. ....	.DE	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	26-2574977				UnitedHealth Military & Veterans Services, LLC .....	.DE	.NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-0559902				UnitedHealth UK Limited .....	.GBR	.NIA	Optum Solutions UK Holdings Limited	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.95174	33-0115163		0001225840		UnitedHealthcare Benefits of Texas, Inc. ....	.TX	.IA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	47-3221444				UnitedHealthcare Benefits Plan of California .....	.CA	.IA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	46-4348775				UnitedHealthcare Community Plan of California, Inc. ....	.CA	.IA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.13168	26-2688274				UnitedHealthcare Community Plan of Georgia, Inc. ....	.GA	.IA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.12323	56-2451429				UnitedHealthcare Community Plan of Ohio, Inc. ....	.OH	.IA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.11141	91-2008361				UnitedHealthcare Community Plan of Texas, L.L.C. ....	.TX	.IA	Ovations, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.95467	38-3204052				UnitedHealthcare Community Plan, Inc. ....	.MI	.IA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1200034				UnitedHealthcare Consulting & Assistance Service (Beijing) Co., Ltd. ....	.CHN	.NIA	UnitedHealthcare International I B.V.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1199879				UnitedHealthcare Europe S.á r.l. ....	.LUX	.NIA	UnitedHealthcare International I S.á r.l.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1104429				UnitedHealthcare Global Canada Limited .....	.CAN	.NIA	UnitedHealthcare International I B.V.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1099116				UnitedHealthcare India Private Limited .....	.IND	.NIA	UnitedHealthcare International II B.V.	Ownership.....	99.994	UnitedHealth Group Incorporated		
		.00000	98-1099116				UnitedHealthcare India Private Limited .....	.IND	.NIA	UnitedHealth International, Inc.	Ownership.....	0.007	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated .....	.79413	36-2739571				UnitedHealthcare Insurance Company .....	.CT	.RE	UHC Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1099116				UnitedHealthcare Insurance Company of Illinois								
.0707	UnitedHealth Group Incorporated .....	.60318	36-3800349				UnitedHealthcare Insurance Company of New York .....	.IL	.DS	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated .....	.N	
.0707	UnitedHealth Group Incorporated .....	.60093	11-3283886				UnitedHealthcare Insurance Company of the River Valley .....	.NY	.DS	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated .....	.N	
.0707	UnitedHealth Group Incorporated .....	.12231	20-1902768				UnitedHealthcare Insurance Company of the River Valley, Inc. ....	.IL	.IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	86-0618309				UnitedHealthcare Integrated Services, Inc. ....	.AZ	.NIA	Ovations, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	41-1988797				UnitedHealthcare International Asia, LLC .....	.DE	.NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1100512				UnitedHealthcare International I B.V. ....	.MLD	.NIA	UnitedHealth Group International L.P.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1079595				UnitedHealthcare International I S.á r.l. ....	.LUX	.NIA	UnitedHealth Group International L.P.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1100980				UnitedHealthcare International II B.V. ....	.MLD	.NIA	UnitedHealthcare Europe S.á r.l.	Ownership.....	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1079459				UnitedHealthcare International II S.á r.l.	.LUX	NIA	UnitedHealthcare Europe S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1340853				UnitedHealthcare International III B.V.	.NLD	NIA	UnitedHealthcare International II B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1077436				UnitedHealthcare International III S.á r.l.	.LUX	NIA	UnitedHealthcare Europe S.á r.l.	Ownership	69.999	UnitedHealth Group Incorporated		
		.00000	98-1077436				UnitedHealthcare International III S.á r.l.	.LUX	NIA	UnitedHealthcare International II S.á r.l.	Ownership	30.001	UnitedHealth Group Incorporated		
		.00000	98-1080926				UnitedHealthcare International IV S.á r.l.	.LUX	NIA	UnitedHealthcare International III B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1257473				UnitedHealthcare International V S.á r.l.	.LUX	NIA	Optum Global Solutions (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.97179	86-0207231				UnitedHealthcare Life Insurance Company	.WI	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95784	63-0899562				UnitedHealthcare of Alabama, Inc.	.AL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96016	86-0507074				UnitedHealthcare of Arizona, Inc.	.AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95446	63-1036819				UnitedHealthcare of Arkansas, Inc.	.AR	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95090	84-1004639				UnitedHealthcare of Colorado, Inc.	.CO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95264	59-1293865				UnitedHealthcare of Florida, Inc.	.FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95850	58-1653544				UnitedHealthcare of Georgia, Inc.	.GA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95776	36-3280214				UnitedHealthcare of Illinois, Inc.	.IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	.KY	IA	UnitedHealthcare, Inc.	Ownership	5.820	UnitedHealth Group Incorporated		.9
.0707	UnitedHealth Group Incorporated	.96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	.KY	IA	United HealthCare Services, Inc.	Ownership	94.180	UnitedHealth Group Incorporated		.9
.0707	UnitedHealth Group Incorporated	.95833	72-1074008				UnitedHealthcare of Louisiana, Inc.	.LA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95716	63-1036817				UnitedHealthcare of Mississippi, Inc.	.MS	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95149	05-0413469				UnitedHealthcare of New England, Inc.	.RI	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.13214	26-2697886				UnitedHealthcare of New Mexico, Inc.	.NM	DS	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	.N	
.0707	UnitedHealth Group Incorporated	.95085	06-1172891				UnitedHealthcare of New York, Inc.	.NY	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95103	56-1461010				UnitedHealthcare of North Carolina, Inc.	.NC	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95186	31-1142815				UnitedHealthcare of Ohio, Inc.	.OH	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96903	33-0115166				UnitedHealthcare of Oklahoma, Inc.	.OK	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95893	93-0938819		0001225824		UnitedHealthcare of Oregon, Inc.	.OR	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95220	25-1756858				UnitedHealthcare of Pennsylvania, Inc.	.PA	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95765	95-3939697				UnitedHealthcare of Texas, Inc.	.TX	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95025	52-1130183				UnitedHealthcare of the Mid-Atlantic, Inc.	.MD	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95591	47-0676824				UnitedHealthcare of the Midlands, Inc.	.ME	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96385	43-1361841				UnitedHealthcare of the Midwest, Inc.	.MO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95501	41-1488563				UnitedHealthcare of Utah, Inc.	.UT	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.48038	91-1312551		0001225843		UnitedHealthcare of Washington, Inc.	.WA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95710	39-1555888				UnitedHealthcare of Wisconsin, Inc.	.WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95378	36-3379945				UnitedHealthcare Plan of the River Valley, Inc.	.IL	IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0854646				UnitedHealthcare Service LLC	.DE	DS	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	.N	
		.00000	36-3355110				UnitedHealthcare Services Company of the River Valley, Inc.	.DE	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	01-0518346				UnitedHealthcare Specialty Benefits, LLC	.ME	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1922511				UnitedHealthcare, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-0382877		0001453198		Urgent Care Holdings, Inc.	.DE	NIA	Optum Clinics Intermediate Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3667220				Urgent Care MSO, LLC	.DE	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2956222				Urology Associates of North Texas, P.L.L.C.	.TX	NIA	USMD Affiliated Services	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8048861				USMD Administrative Services, L.L.C.	.TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2956222				USMD Affiliated Services	.TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					USMD Cancer Treatment Centers GP, L.L.C.	.TX	NIA	USMD Cancer Treatment Centers, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2245431				USMD Cancer Treatment Centers, L.L.C.	.TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					USMD CT (Mo), LLC	.MO	NIA	USMD Cancer Treatment Centers, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2803133				USMD Diagnostic Services, LLC	.TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2866866		0001507881		USMD Holdings, Inc.	.DE	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8050318		0001404693		USMD Inc.	.TX	NIA	USMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	73-1662757				USMD of Arlington GP, L.L.C.	.TX	NIA	Mat-Rx Development, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2446102				USMD PPM, LLC	.TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	87-0757396				Valley Physicians Network, Inc. ....	..CA.....	..NIA.....	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	74-2797745				WellMed Medical Management of Florida, Inc. .	..FL.....	..NIA.....	WellMed Medical Management, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	74-2786364				WellMed Medical Management, Inc. ....	..TX.....	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	80.000	UnitedHealth Group Incorporated		2
		.00000	41-2250215				WellMed Networks – DFW, Inc. ....	..TX.....	..NIA.....	USMD Inc.	Ownership.....	50.000	UnitedHealth Group Incorporated		2
		.00000	45-0636596				WESTMED Practice Partners LLC .....	..DE.....	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	86.150	UnitedHealth Group Incorporated		2
		.00000	52-2102846		0001314524		XLHealth Corporation .....	..MD.....	..NIA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	98-1107695				XLHealth Corporation India Private Limited ...	..IND.....	..NIA.....	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated		
							Your Health Options Insurance Services, Inc.								
		.00000	11-3764012					..CA.....	..NIA.....	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		
		.00000	27-0172594				Your Partner in Health Services, Inc. ....	..IL.....	..NIA.....	North American Medical Management - Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated		

Asterisk	Explanation
1	The remaining percentage is owned by former controlling or external shareholders.
2	The remaining percentage is owned by a non-affiliated entity.
3	The remaining 0.7409758% owned by external shareholders and 0.0340693% owned by Treasury Shares.
4	The remaining percentage is owned by external parties or investors.
5	UnitedHealth International, Inc. holds 10 shares as a nominee shareholder.
6	The remaining percentage are held by the entity's or by the controlling entity's officers or directors.
7	The remaining 20% is owned by external shareholders. Corporate secretarial services for this entity are the responsibility of the portfolio company.
8	UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P.
9	The general partnership interest of 89.77% is held by United HealthCare Services, Inc. (UHS) and 10.23% is held by UnitedHealthcare, Inc. (UHC). UHS also holds 100% of the limited partnership interests. When combining general and limited partner interests, UHS owns 94.18% and UHC owns 5.82%.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1913523	ACN Group IPA of New York, Inc.					4,080,638				4,080,638	
	27-0015861	ACN Group of California, Inc.	(1,500,000)				8,780,531				7,280,531	
82406	35-1665915	All Savers Insurance Company		571,000,000			(54,236,659)	5,084,397			521,847,738	17,801,114
73130	35-1744596	All Savers Life Insurance Company of California					156,818				156,818	
	54-1743136	AmeriChoice Corporation	106,000,000								106,000,000	
95497	22-3368602	AmeriChoice of New Jersey, Inc.	(70,000,000)				(271,365,048)				(341,365,048)	
	86-0813232	APIPA					(354,000,579)				(354,000,579)	
	88-0267857	Behavioral Healthcare Options, Inc.					5,143,560				5,143,560	
12558	45-4976934	Care Improvement Plus of Texas Insurance Company	(73,900,000)				(153,551,008)				(227,451,008)	
12567	20-3888112	Care Improvement Plus South Central Insurance Company	(150,000,000)				(589,053,624)	204,324			(738,849,300)	131,499
14041	27-5038136	Care Improvement Plus Wisconsin Insurance Company					(10,284,945)				(10,284,945)	
	52-1811176	DBP Services of New York IPA, Inc.					6,450,021				6,450,021	
	52-1452809	Dental Benefit Providers of California, Inc.	(3,000,000)				(3,926,754)				(6,926,754)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(426,618)				(426,618)	
	41-2014834	Dental Benefit Providers, Inc.					123,686,984				123,686,984	
	88-0223385	Family Health Care Services					6,677,657				6,677,657	
	88-0257036	Family Home Hospice, Inc.					895,248				895,248	
	37-0855360	Golden Rule Financial Corporation	156,800,000	(611,000,000)							(454,200,000)	
62286	37-6028756	Golden Rule Insurance Company	(156,800,000)				(169,889,305)				(326,689,305)	
	98-0213198	H&W Indemnity (SPC), Ltd.						(3,091,421)			(3,091,421)	27,512,818
79480	35-1279304	Harken Health Insurance Company		95,000,000			6,489,182				101,489,182	
43893	13-3584296	Health Net Insurance of New York, Inc.					41,638				41,638	
95968	06-1084283	Health Net of Connecticut, Inc.						2			2	
96342	88-0201035	Health Plan of Nevada	(90,000,000)				(855,107,250)	(681,226)			(945,788,476)	143,369
	13-4138668	INSPIRIS of New York IPA, Inc.					287,173,634				287,173,634	
	45-3143218	Lifepoint East, Inc.					68,465,522				68,465,522	
	27-2309024	Lifepoint Health, Inc.					1,725,990,312				1,725,990,312	
60321	52-1803283	MAMSI Life and Health Insurance Company	(7,000,000)				(9,001,428)	(397,808)			(16,399,236)	181,708
96310	52-1169135	MD-Individual Practice Association, Inc.	(16,000,000)				(31,266,195)	(726,671)			(47,992,866)	578,164
12756	20-3391186	Medica Health Plans of Florida, Inc.	(3,500,000)				9,798				(3,490,202)	
12155	01-0788576	Medica HealthCare Plans, Inc.	(25,000,000)				(58,886,924)				(83,886,924)	
95251	76-0196559	National Pacific Dental, Inc.	(2,700,000)				(2,228,333)				(4,928,333)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(25,000,000)				(77,554,084)				(102,554,084)	
95758	88-0228572	Nevada Pacific Dental	(2,000,000)				(367,345)				(2,367,345)	
96940	52-1518174	Optimum Choice, Inc.	(18,000,000)				(29,349,448)	(310,677)			(47,660,125)	12,188
	41-1591944	OptumHealth Care Solutions, Inc.					151,278,761				151,278,761	
	41-1858498	OptumInsight, Inc.					266,141,254				266,141,254	
	33-0441200	OptumRx, Inc.					1,037,856,935				1,037,856,935	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	13-3818652	OrthoNet LLC					5,941,383				5,941,383	
	30-0029448	OrthoNet of the Mid-Atlantic, Inc.					(1,070,155)				(1,070,155)	
78026	22-2797560	Oxford Health Insurance, Inc.	(430,000,000)				(823,530,563)	(4,160,469)			(1,257,691,032)	22,272,029
96798	06-1181201	Oxford Health Plans (CT), Inc.					(62,638,523)	(726,772)			(63,365,295)	194,243
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(50,000,000)				(164,723,417)	3,533,389			(211,190,028)	5,410,891
95479	06-1181200	Oxford Health Plans (NY), Inc.	(215,000,000)				(171,934,573)				(386,934,573)	
	52-2443751	Oxford Health Plans LLC	265,000,000								265,000,000	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(19,700,000)				(1,519,392)	.277			(21,219,115)	12,445
84506	95-2829463	PacifiCare Life Assurance Company					123,599				123,599	
95617	94-3267522	PacifiCare of Arizona, Inc.	(25,000,000)				44,626	8,885			(24,946,489)	
95434	84-1011378	PacifiCare of Colorado, Inc.					(731,380,364)	(3,215,446)			(734,595,810)	120
95685	86-0875231	PacifiCare of Nevada, Inc.		(8,000,000)			420,245	1,332			(7,578,423)	
11494	04-3677255	Physicians Health Choice of Texas, LLC					(33,582,825)	240,397			(33,342,428)	641,989
11176	65-0885893	Preferred Care Partners, Inc.		5,000,000			(161,923,909)				(156,923,909)	
	33-0607478	PrimeCare Medical Network, Inc.					249,708,122				249,708,122	
71420	94-0734860	Sierra Health and Life Insurance Company	(23,000,000)				(1,189,636,368)	25,069			(1,212,611,299)	(132,869)
	88-0385705	Sierra Home Medical Products, Inc.					30,596,406				30,596,406	
	88-0201420	Southwest Medical Associates, Inc.					733,385,255				733,385,255	
	71-0886811	Spectera of New York, IPA, Inc.					2,289,271				2,289,271	
	52-1260282	Spectera, Inc.					37,770,274				37,770,274	
	46-1536748	Symphonix Health Holdings, LLC		(78,000,000)							(78,000,000)	
84549	38-2044243	Symphonix Health Insurance		78,000,000			(55,285,771)				22,714,229	
	94-3077084	U.S. Behavioral Health Plan, California	(4,000,000)				50,504,266				46,504,266	
	95-2931460	UHC of California	(130,000,000)				(923,903,267)				(1,053,903,267)	
91529	52-1996029	Unimerica Insurance Company	(30,000,000)				(34,215,798)	(16,782,233)			(80,998,031)	(135,744,974)
11596	01-0637149	Unimerica Life Insurance Company of New York					(2,208,682)				(2,208,682)	
	20-5917714	Unison Health Plan of Delaware, Inc.					(95,488,038)	(1,022,419)			(96,510,457)	3,243,827
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.					.0				.0	
	94-2649097	United Behavioral Health					1,133,280,950				1,133,280,950	
	41-1868911	United Behavioral Health of New York, I.P.A., Inc.					14,009,835				14,009,835	
	41-1289245	United HealthCare Services, Inc.	3,284,400,000	(179,000,000)			10,214,692,678				13,320,092,678	
	41-1321939	UnitedHealth Group Incorporated					2,747,534,327				2,747,534,327	
95174	33-0115163	UnitedHealthcare Benefits of Texas, Inc.	(50,000,000)				(268,314,968)	(1,088,086)			(319,403,054)	4,845,598
	47-3221444	UnitedHealthcare Benefits Plan of Claifornia					552,512				552,512	
12323	56-2451429	UnitedHealthcare Community Plan of Ohio, Inc.	(30,000,000)				(276,974,207)	4,774,078			(302,200,129)	11,393,608
11141	91-2008361	UnitedHealthcare Community Plan of Texas, L.L.C.	(35,000,000)				(253,172,784)	(657,998)			(288,830,782)	12,184,143
95467	38-3204052	UnitedHealthcare Community Plan, Inc.					(126,941,923)	(242,586)			(127,184,509)	610,184

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
79413	36-2739571	UnitedHealthcare Insurance Company	(1,520,800,000)				(5,664,071,496)	136,710,186			(7,048,161,310)	(481,790,942)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(50,000,000)				(140,453,343)	(791,738)			(191,245,081)	4,824,402
60093	11-3283886	UnitedHealthcare Insurance Company of New York	(90,000,000)				(359,438,662)	(95,673,635)			(545,112,297)	377,306,601
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley					(91,084,616)	(406,538)			(91,491,154)	1,578,819
	86-0618309	UnitedHealthcare Integrated Services, Inc.										
							2,206				2,206	
97179	86-0207231	UnitedHealthcare Life insurance Company		40,000,000			(26,607,313)	3,125			13,395,812	1,135
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(5,000,000)				(83,967,000)	(579,475)			(89,546,475)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	(16,000,000)				(9,621,872)	(117,934)			(25,739,806)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.		12,000,000			(1,821,161)	(46,882)			10,131,957	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.		5,000,000			(12,054,003)	(89,542)			(7,143,545)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.	(50,000,000)				(342,092,391)	(2,908,774)			(395,001,165)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.					(26,802,812)	(262,330)			(27,065,142)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(8,000,000)				(19,079,421)	(189,743)			(27,269,164)	11,322
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.	(1,400,000)				(10,017,447)	(106,480)			(11,523,927)	
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.					(171,239,032)	23,283,691			(147,955,341)	29,275,487
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.		30,000,000			(100,709,515)	377,665			(70,331,850)	11,928,913
95149	05-0413469	UnitedHealthcare of New England, Inc.	(64,700,000)				(188,085,707)	951,338			(251,834,369)	3,108,826
13214	26-2697886	UnitedHealthcare of New Mexico	(24,200,000)				(100,322,348)	1,631,215			(122,891,133)	314,834
95085	06-1172891	UnitedHealthcare of New York, Inc.					(727,339,929)				(727,339,929)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.					(103,225,575)	(1,059,782)			(104,285,357)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(20,000,000)				(7,028,307)	(79,213)			(27,107,520)	
96903	33-0115166	UnitedHealthcare of Oklahoma, Inc.	(4,000,000)				(47,006,955)				(51,006,955)	
95893	93-0938819	UnitedHealthcare of Oregon, Inc.		15,000,000			(122,544,533)				(107,544,533)	
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.					(147,893,367)	(1,247,113)			(149,140,480)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(10,428,202)	(1,009,570)			(11,437,772)	229,152
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.										
			(6,000,000)				(114,776,182)	(951,631)			(121,727,813)	12,825
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.		60,000,000			(68,768,729)	(2,310,813)			(11,079,542)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(20,000,000)				(328,307,203)	(25,311,439)			(373,618,642)	81,504,826
95501	41-1488563	UnitedHealthcare of Utah, Inc.		(10,000,000)			(439,005,052)	(515,791)			(449,520,843)	
48038	91-1312551	UnitedHealthcare of Washington, Inc.	(75,000,000)	(25,000,000)			(112,116,458)				(212,116,458)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(27,000,000)				(865,797,811)	(6,474,801)			(899,272,612)	401,706
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(84,000,000)				(430,746,198)	(3,592,334)			(518,338,532)	
	47-0854646	UnitedHealthcare Service LLC	(60,000,000)				1,208,507				(58,791,493)	
	01-0518346	UnitedHealthcare Specialty Benefits, LLC					10,759				10,759	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) be filed with the state of domicile by March 15?	YES

APRIL FILING

41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	YES
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES

AUGUST FILING

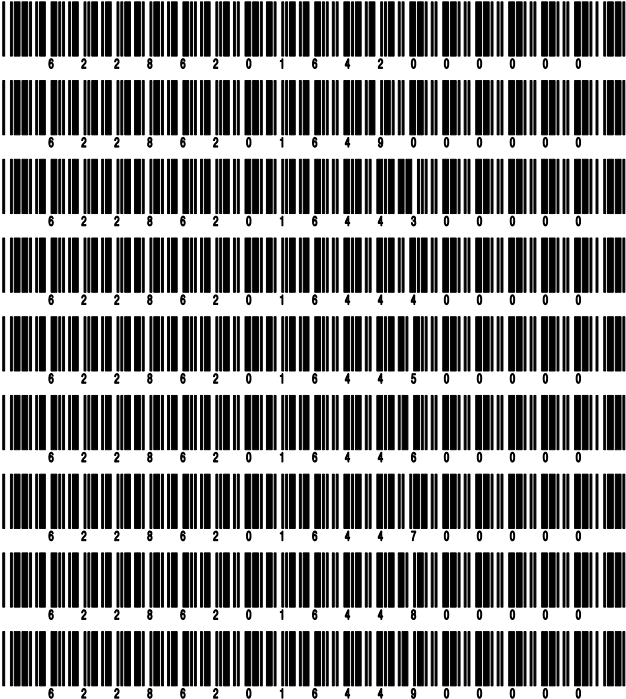
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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Explanations:

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Bar Codes:

12.
- SIS Stockholder Information Supplement [Document Identifier 420]
14.
- Trusted Surplus Statement [Document Identifier 490]
18.
- Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
19.
- Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
20.
- Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
21.
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
22.
- Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
23.
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
24.
- Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 <div>6 2 2 8 6 2 0 1 6 4 5 0 0 0 0 0 0</div>
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 <div>6 2 2 8 6 2 0 1 6 4 5 1 0 0 0 0 0</div>
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <div>6 2 2 8 6 2 0 1 6 4 5 2 0 0 0 0 0</div>
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <div>6 2 2 8 6 2 0 1 6 4 5 3 0 0 0 0 0</div>
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 <div>6 2 2 8 6 2 0 1 6 4 3 6 0 0 0 0 0</div>
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 <div>6 2 2 8 6 2 0 1 6 4 3 7 0 0 0 0 0</div>
31.	Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 <div>6 2 2 8 6 2 0 1 6 4 3 8 0 0 0 0 0</div>
32.	Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 <div>6 2 2 8 6 2 0 1 6 4 3 9 0 0 0 0 0</div>
33.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 <div>6 2 2 8 6 2 0 1 6 4 5 4 0 0 0 0 0</div>
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <div>6 2 2 8 6 2 0 1 6 4 9 5 0 0 0 0 0</div>
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>6 2 2 8 6 2 0 1 6 3 6 5 0 0 0 0 0</div>
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>6 2 2 8 6 2 0 1 6 2 2 4 0 0 0 0 0</div>
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>6 2 2 8 6 2 0 1 6 2 2 5 0 0 0 0 0</div>
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>6 2 2 8 6 2 0 1 6 2 2 6 0 0 0 0 0</div>
43.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>6 2 2 8 6 2 0 1 6 2 3 0 0 0 0 0 0</div>

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 25

		1	2
		Current Year	Prior Year
2504.	Fines and Penalties	75,000	75,000
2505.	Unclaimed Property Payable	134,951	445
2597.	Summary of remaining write-ins for Line 25 from overflow page	209,951	75,445

Additional Write-ins for Exhibit 2 Line 9.3

		Insurance				5	6
		1	Accident and Health		4		
			2	3			
Life	Cost Containment	All Other		Investment	Total		
09.304.	Professional Fees & Consulting	15,967	1,553,142	14,442,742		16,011,851	
09.305.	Training & Recruiting	580	56,402	524,478		581,460	
09.397.	Summary of remaining write-ins for Line 9.3 from overflow page	16,547	1,609,544	14,967,220	0	16,593,311	



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....		01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	196.....	0.....	0.0.....	0.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		05/27/2005.....	12/31/2009.....	M-CARE SUPP.....	7,957.....	9,700.....	121.9.....	4.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										8,153	9,700	119.0	4	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Alaska
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	1,951	504	25.8	.0	.0	.0	0.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	12,831	4,101	32.0	.2	.0	.0	0.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	7,895	1,169	14.8	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN A	A	NO	.0034000	.12/01/1991		.06/22/2005	.12/31/2009	M-CARE SUPP	2,656	104	3.9	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN G	G	NO	.0034000	.12/01/1991		.06/22/2005	.12/31/2009	M-CARE SUPP	14,963	8,398	56.1	.7	.0	.0	0.0	.0
YES	GRI-H-PLAN F	F	NO	.0034000	.12/01/1998		.06/22/2005	.12/31/2009	M-CARE SUPP	10,939	4,886	44.7	.3	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										51,235	19,162	37.4	14	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Arizona.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,978	142	4.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	41,141	13,304	32.3	5	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,130	399	12.7	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	16,810	10,986	65.4	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	6,655	9,226	138.6	3	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	115,773	101,317	87.5	55	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	9,145	2,535	27.7	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		07/05/2005	01/01/2006	M-CARE SUPP	211,313	110,339	52.2	59	0	0	0.0	0
0199999. Total Experience on Individual Policies										406,945	248,248	61.0	128	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
2.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
3.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,344	95	2.8	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,173	224	7.1	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	6,522	4,715	72.3	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	83,316	71,876	86.3	41	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	5,169	1,164	22.5	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		07/28/2005	12/31/2009	M-CARE SUPP	231,061	244,833	106.0	121	0	0	0.0	0
0199999. Total Experience on Individual Policies										332,585	322,907	97.1	170	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF California.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,739	0	0.0	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	27,055	18,285	67.6	4	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	5,157	2,002	38.8	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	16,884	7,872	46.6	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		12/08/2005	12/31/2009	M-CARE SUPP	6,146	11,457	186.4	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		12/08/2005	12/31/2009	M-CARE SUPP	304,579	240,414	78.9	126	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		12/08/2005	12/31/2009	M-CARE SUPP	5,695	7,483	131.4	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		12/08/2005	12/31/2009	M-CARE SUPP	380,082	209,684	55.2	107	0	0	0.0	0
0199999. Total Experience on Individual Policies										748,337	497,197	66.4	246	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Connecticut.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES	GRI-H-2, 1/2, 2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,541	1,874	52.9	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	48,679	49,963	102.6	17	0	0	0.0	0
0199999. Total Experience on Individual Policies										52,220	51,837	99.3	18	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Delaware.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016

(To Be Filed by March 1)

FOR THE STATE OF District of Columbia.....

NAIC Group Code 0707 NAIC Company Code 62286

ADDRESS (City, State and Zip Code) Indianapolis , IN 46278

Person Completing This Exhibit Robert S. Coleman

Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	13		14	15	17		18
											12	Percent of Premiums Earned			16	Percent of Premiums Earned	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1/2.2.....	P.....	NO.....	0034060.....	04/01/1983.....		02/01/1990.....	02/01/1987.....	M-GAP BASIC.....	3,834.....	439.....	11.5.....	1.....	0.....	0.....	0.0.....	0.....
	GRI-H-2.1P/HP/2.2P.....	P.....	NO.....	0034060.....	05/01/1983.....		05/01/1990.....	12/01/1987.....	M-GAP PLUS.....	111,445.....	67,230.....	60.3.....	20.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11/12.....	P.....	NO.....	0034060.....	11/01/1987.....		02/01/1990.....	01/01/1989.....	M-GAP BASIC.....	15,703.....	7,380.....	47.0.....	5.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....		01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	590,549.....	517,686.....	87.7.....	114.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN A.....	A.....	NO.....	0034060.....	12/01/1991.....		09/30/2005.....	12/31/2009.....	M-CARE SUPP.....	55,617.....	54,055.....	97.2.....	46.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		09/30/2005.....	12/31/2009.....	M-CARE SUPP.....	890,102.....	918,531.....	103.2.....	423.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										1,667,250	1,565,321	93.9	609	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Georgia.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1/2.2	P.....	NO.....	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,091	94	3.0	1	0	0	0.0	0
	GRI-H-2.1P/HP/2.2P	P.....	NO.....	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	17,789	26,329	148.0	2	0	0	0.0	0
YES.....	GRI-H-11/12	P.....	NO.....	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,062	692	22.6	1	0	0	0.0	0
YES.....	GRI-H-11P/12P	P.....	NO.....	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	20,975	367,629	1,752.7	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										44,917	394,744	878.8	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Hawaii
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|--|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | <p>Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.</p> <p>2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719</p> <p>2.2 Contact Person and Phone Number: Michelle White 317-715-7590</p> |
| 3. | <p>Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).</p> <p>3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719</p> <p>3.2 Contact Person and Phone Number: Michelle White 317-715-7590</p> |
| 4. | Explain any policies identified above as policy type "O". |

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SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Idaho.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	2,272	52	2.3	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,272	52	2.3	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2. 1/2. 2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	32,035	9,958	31.1	9	0	0	0.0	0
	GRI-H-2. 1P/HP/2. 2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	47,189	13,189	27.9	5	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	54,837	26,046	47.5	21	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	300,532	125,871	41.9	46	0	0	0.0	0
YES	CL-H-2/GR-H-2	P	NO	0034060	07/01/1976		04/01/1991	12/01/1978	M-CARE SUPP	3,148	22	0.7	1	0	0	0.0	0
YES	GRI-H-2	P	NO	0034060	06/01/1981		02/01/1990	10/01/1983	M-GAP BASIC	5,747	119	2.1	1	0	0	0.0	0
YES	GRI-H-12. 2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	34,923	23,975	68.7	13	0	0	0.0	0
YES	GRI-H-12. 2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	125,242	68,896	55.0	17	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	14,474	8,799	60.8	6	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	743,161	614,536	82.7	336	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	3,664	788	21.5	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/02/2005	12/31/2009	M-CARE SUPP	326,295	232,455	71.2	107	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,691,247	1,124,654	66.5	563	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Indiana.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	5,552	1,941	35.0	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	12,191	4,899	40.2	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	11,462	3,169	27.6	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	96,134	54,210	56.4	13	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	10,142	1,089	10.7	3	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	62,518	25,926	41.5	8	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	3,515	1,904	54.2	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	329,913	406,020	123.1	132	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	33,422	7,812	23.4	9	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	450,854	316,862	70.3	126	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,015,703	823,832	81.1	299	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Iowa.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	9,060	5,365	59.2	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	52,421	35,949	68.6	9	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	3,042	505	16.6	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	39,950	205,451	514.3	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.05/27/2005	.12/31/2009	M-CARE SUPP	60,282	65,645	108.9	30	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.05/27/2005	.12/31/2009	M-CARE SUPP	68,730	43,273	63.0	26	0	0	0.0	0
0199999. Total Experience on Individual Policies										233,485	356,188	152.6	74	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.KS



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Kansas.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	.0034060	04/01/1983		.02/01/1990	.02/01/1987	M-GAP BASIC	4,323	.178	4.1	.1	.0	.0	0.0	.0
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	2,605	4,673	179.4	.1	.0	.0	0.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	41,491	4,254	10.3	.6	.0	.0	0.0	.0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	6,230	1,728	27.7	.2	.0	.0	0.0	.0
YES	GRI-H-PLAN A	A	NO	.0034060	12/01/1991		.10/20/2005	.12/31/2009	M-CARE SUPP	1,634	1,504	92.0	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.10/20/2005	.12/31/2009	M-CARE SUPP	11,627	5,339	45.9	.6	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										67,910	17,676	26.0	17	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.KY



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	207	386	186.5	0	0	0	0.0	0
	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	6,473	302	4.7	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	13,020	4,724	36.3	5	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	66,096	46,092	69.7	13	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	14,181	7,677	54.1	5	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	28,321	8,229	29.1	5	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/06/2005	12/31/2009	M-CARE SUPP	1,539	105	6.8	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/06/2005	12/31/2009	M-CARE SUPP	149,703	117,211	78.3	91	0	0	0.0	0
0199999. Total Experience on Individual Policies										279,540	184,726	66.1	121	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,119	0	0.0	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	11,722	8,423	71.9	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	12,557	4,633	36.9	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	80,939	28,814	35.6	11	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	40,216	19,676	48.9	13	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	29,591	4,590	15.5	4	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	2,645	958	36.2	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	563,331	304,368	54.0	239	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	3,139	586	18.7	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		08/03/2005	12/31/2009	M-CARE SUPP	173,954	101,708	58.5	53	0	0	0.0	0
0199999. Total Experience on Individual Policies										922,213	473,756	51.4	328	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Maine.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	11,572	16,506	142.6	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										11,572	16,506	142.6	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Maryland.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034000.....	12/01/1991.....		11/23/2005.....	12/31/2009.....	M-CARE SUPP.....	73,075.....	90,353.....	123.6.....	31.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN C.....	C.....	NO.....	0034060.....	12/01/1991.....		11/23/2005.....	12/31/2009.....	M-CARE SUPP.....	80,107.....	72,063.....	90.0.....	20.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034000.....	12/01/1998.....		11/23/2005.....	12/31/2009.....	M-CARE SUPP.....	163,521.....	72,340.....	44.2.....	53.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										316,703.....	234,756.....	74.1.....	104.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
2.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
3.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
4. Explain any policies identified above as policy type "O"......



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|--|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | <p>Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.</p> <p>2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719</p> <p>2.2 Contact Person and Phone Number: Michelle White 317-715-7590</p> |
| 3. | <p>Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).</p> <p>3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719</p> <p>3.2 Contact Person and Phone Number: Michelle White 317-715-7590</p> |
| 4. | Explain any policies identified above as policy type "O". |



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Michigan.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	9,479	2,832	29.9	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	115,320	189,311	164.2	22	0	0	0.0	0
YES	GRI-H-2	P	NO	.0034060	.06/01/1981		.02/01/1990	.10/01/1983	M-GAP BASIC	7,324	10,338	141.2	1	0	0	0.0	0
YES	GRI-H-2D	P	NO	.0034060	.02/01/1982		.04/01/1991	.08/01/1992	M-GAP BASIC	5,607	6,113	109.0	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	13,790	19,528	141.6	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	298,297	177,041	59.4	135	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	91,982	38,096	41.4	24	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	.12/01/1998		.06/21/2005	.12/31/2009	M-CARE SUPP	544,475	312,923	57.5	191	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,086,274	756,182	69.6	381	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Minnesota
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|---|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 3. | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 4. | Explain any policies identified above as policy type "O". |



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-11/12.....	P.....	NO.....	0034060.....	11/01/1987.....		02/01/1990.....	01/01/1989.....	M-GAP BASIC.....	3,089.....	0.....	0.0.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		06/06/2005.....	12/31/2009.....	M-CARE SUPP.....	70,357.....	86,859.....	123.5.....	33.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034060.....	12/01/1998.....		06/06/2005.....	12/31/2009.....	M-CARE SUPP.....	72,658.....	44,811.....	61.7.....	20.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										146,104.....	131,670.....	90.1.....	54.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Missouri.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,666	58	1.6	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	5,523	865	15.7	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	10,140	3,930	38.8	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	156,449	96,482	61.7	38	0	0	0.0	0
YES	GRI-H-2	P	NO	0034060	06/01/1981		02/01/1990	10/01/1983	M-GAP BASIC	5,450	78	1.4	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	17,831	4,099	23.0	7	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	55,552	144,408	260.0	10	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	13,006	17,565	135.1	9	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	1,691,201	1,171,461	69.3	710	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,958,818	1,438,946	73.5	781	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Montana.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|---|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 3. | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 4. | Explain any policies identified above as policy type "O". |

360.NE



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Nebraska.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	13		14	15	17		18
											12	Percent of Premiums Earned			Number of Covered Lives	Premiums Earned		Amount	Percent of Premiums Earned	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-11/12.....	P.....	NO.....	0034060.....	11/01/1987.....		02/01/1990.....	01/01/1989.....	M-GAP BASIC.....	4,914.....	2,984.....	60.7.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11P/12P.....	P.....	NO.....	0034060.....	12/01/1987.....		01/01/1990.....	09/01/1989.....	M-GAP PLUS.....	35,690.....	15,552.....	43.6.....	5.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....		12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	6,080.....	435.....	7.2.....	2.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2P.....	P.....	NO.....	0034060.....	09/01/1990.....		01/01/1992.....	11/01/1991.....	M-GAP PLUS.....	23,234.....	21,651.....	93.2.....	3.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034000.....	12/01/1991.....		06/20/2005.....	12/31/2009.....	M-CARE SUPP.....	82,335.....	64,368.....	78.2.....	38.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN C.....	C.....	NO.....	0034000.....	12/01/1991.....		06/20/2005.....	12/31/2009.....	M-CARE SUPP.....	4,250.....	138.....	3.2.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN F.....	F.....	NO.....	0034000.....	12/01/1998.....		06/20/2005.....	12/31/2009.....	M-CARE SUPP.....	123,051.....	45,015.....	36.6.....	40.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies.....										279,554.....	150,143.....	53.7.....	91.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Nevada.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,585	388	10.8	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,508	11,608	462.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	296	0	0.0	0	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,645	766	29.0	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/24/2005	12/31/2009	M-CARE SUPP	35,290	38,448	108.9	18	0	0	0.0	0
0199999. Total Experience on Individual Policies										44,324	51,210	115.5	21	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
2.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
3.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
4. Explain any policies identified above as policy type "O".

360.NH



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....		12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	2,589.....	334.....	12.9.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2P.....	P.....	NO.....	0034060.....	09/01/1990.....		01/01/1992.....	11/01/1991.....	M-GAP PLUS.....	7,199.....	6,002.....	83.4.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										9,788.....	6,336.....	64.7.....	2.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF New Jersey.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|--|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | <p>Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.</p> <p>2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719</p> <p>2.2 Contact Person and Phone Number: Michelle White 317-715-7590</p> |
| 3. | <p>Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).</p> <p>3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719</p> <p>3.2 Contact Person and Phone Number: Michelle White 317-715-7590</p> |
| 4. | Explain any policies identified above as policy type "O". |



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	GRI-H-2.1/2.2.....	P.....	NO.....	0034060.....	04/01/1983.....		02/01/1990.....	02/01/1987.....	M-GAP BASIC.....	4,238.....	1,711.....	40.4.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-11/12.....	P.....	NO.....	0034060.....	11/01/1987.....		02/01/1990.....	01/01/1989.....	M-GAP BASIC.....	3,006.....	8,993.....	299.2.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-12.2P.....	P.....	NO.....	0034060.....	09/01/1990.....		01/01/1992.....	11/01/1991.....	M-GAP PLUS.....	8,347.....	1,146.....	13.7.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		09/23/2005.....	12/31/2009.....	M-CARE SUPP.....	27,771.....	20,437.....	73.6.....	12.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										43,362	32,287	74.5	15	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.NY



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF New York.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/12/2005	12/31/2009	M-CARE SUPP	3,234	180	5.6	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/12/2005	12/31/2009	M-CARE SUPP	22,149	20,902	94.4	10	0	0	0.0	0
0199999. Total Experience on Individual Policies										25,383	21,082	83.1	11	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.ND



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/14/2005	12/31/2009	M-CARE SUPP	33,493	15,915	47.5	17	0	0	0.0	0
0199999. Total Experience on Individual Policies										33,493	15,915	47.5	17	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.OH



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,283	433	10.1	1	0	0	0.0	0
	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	43,465	27,521	63.3	4	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	37,221	11,686	31.4	12	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	351,076	184,067	52.4	49	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	38,443	39,501	102.8	12	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	124,936	70,156	56.2	15	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	41,055	8,025	19.5	21	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	2,076,365	1,582,537	76.2	919	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,231,095	707,012	57.4	351	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	1,886,922	1,190,139	63.1	637	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,834,861	3,821,077	65.5	2,021	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	7,884	545	6.9	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	16,641	6,067	36.5	3	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	5,473	318	5.8	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	20,524	6,425	31.3	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	29,632	16,027	54.1	10	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	165,619	227,686	137.5	83	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,468	2,444	70.5	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	305,296	198,781	65.1	110	0	0	0.0	0
0199999. Total Experience on Individual Policies										554,537	458,293	82.6	215	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Oregon.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	GRI-H-12.2P.....	P.....	NO.....	0034060.....	09/01/1990.....		01/01/1992.....	11/01/1991.....	M-GAP PLUS.....	6,678.....	393.....	5.9.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		08/11/2005.....	12/31/2009.....	M-CARE SUPP.....	1,991.....	65.....	3.3.....	1.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										8,669	458	5.3	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	GRI-H-2.1P/HP/2.2P	P.....	NO.....	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	7,062	13,349	189.0	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,062	13,349	189.0	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|---|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 3. | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 4. | Explain any policies identified above as policy type "O". |



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	26,468	22,370	84.5	4	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	23,306	5,437	23.3	3	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	131,982	79,738	60.4	65	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	17,973	4,800	26.7	5	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		07/01/2005	12/31/2009	M-CARE SUPP	128,361	45,508	35.5	45	0	0	0.0	0
0199999. Total Experience on Individual Policies										328,090	157,853	48.1	122	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.SD



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	GRI-H-12.2.....	P.....	NO.....	0034060.....	06/01/1990.....		12/01/1991.....	12/01/1991.....	M-GAP BASIC.....	3,113.....	303.....	9.7.....	1.....	0.....	0.....	0.0.....	0.....
YES.....	GRI-H-PLAN G.....	G.....	NO.....	0034060.....	12/01/1991.....		06/01/2005.....	12/31/2009.....	M-CARE SUPP.....	52,608.....	84,028.....	159.7.....	20.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										55,721.....	84,331.....	151.3.....	21.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	9,051	2,739	30.3	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	.0034060	.11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	19,925	12,272	61.6	7	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	185,192	77,961	42.1	33	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	.06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	32,597	31,718	97.3	13	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	10,671	524	4.9	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	.12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	1,600	582	36.4	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	.12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	218,846	225,265	102.9	118	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	.12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	11,616	1,318	11.3	3	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034060	.12/01/1998		.12/07/2005	.12/31/2009	M-CARE SUPP	123,281	76,826	62.3	41	0	0	0.0	0
0199999. Total Experience on Individual Policies										612,779	429,205	70.0	219	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.TX



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Texas.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	7,907	716	9.1	2	0	0	0.0	0
	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	9,378	2,860	30.5	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	11,048	11,499	104.1	5	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	124,602	63,868	51.3	19	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	36,887	44,945	121.8	15	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	113,038	115,989	102.6	14	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	40,439	32,050	79.3	10	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	943,848	591,871	62.7	372	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	26,898	10,211	38.0	6	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		09/30/2005	12/31/2009	M-CARE SUPP	1,549,596	930,729	60.1	527	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,863,641	1,804,738	63.0	971	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Utah
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Vermont.....
NAIC Group Code 0707 NAIC Company Code 62286
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
Person Completing This Exhibit Robert S. Coleman
Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	1,812	575	31.7	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	15,383	34,867	226.7	11	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	1,370	10,191	743.9	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										18,565	45,633	245.8	13	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,468	90	3.6	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	21,141	6,402	30.3	3	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	19,855	17,600	88.6	8	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	32,161	18,246	56.7	4	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	13,632	6,399	46.9	6	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	257,153	178,258	69.3	118	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	25,571	9,220	36.1	7	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		11/30/2005	12/31/2009	M-CARE SUPP	248,532	182,320	73.4	72	0	0	0.0	0
0199999. Total Experience on Individual Policies										620,513	418,535	67.4	219	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
2.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719.....
3.2 Contact Person and Phone Number: Michelle White 317-715-7590.....
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Washington.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|---|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 3. | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 4. | Explain any policies identified above as policy type "O". |

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SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	2,524	82	3.2	1	0	0	0.0	0
	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	8,919	466	5.2	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,008	85	2.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	5,317	2,916	54.8	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	15,121	4,985	33.0	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,382	11,714	346.4	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	129,215	96,410	74.6	63	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	7,389	1,224	16.6	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	97,492	88,908	91.2	34	0	0	0.0	0
0199999. Total Experience on Individual Policies										272,367	206,790	75.9	107	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
NAIC Group Code 0707..... NAIC Company Code 62286.....
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
Person Completing This Exhibit Robert S. Coleman.....
Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	7,268	747	10.3	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,268	747	10.3	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719

3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF American Samoa.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Guam.....
 NAIC Group Code 0707..... NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

- | | |
|----|---|
| 1. | If response in Column 1 is no, give full and complete details |
| 2. | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
2.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 3. | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
3.2 Contact Person and Phone Number: Michelle White 317-715-7590 |
| 4. | Explain any policies identified above as policy type "O". |



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
 4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2016

(To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands.....

NAIC Group Code 0707 NAIC Company Code 62286

ADDRESS (City, State and Zip Code) Indianapolis , IN 46278

Person Completing This Exhibit Robert S. Coleman _____

Title Associate Director, Actuarial Services Telephone Number 317-715-7425

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2016
(To Be Filed by March 1)

Of The Golden Rule Insurance Company
ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
NAIC Group Code 0707 NAIC Company Code 62286 Employer's Identification Number (FEIN) 37-6028756

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Cumulative Net Amounts Paid Policyholders				
		1 2012	2 2013	3 2014	4 2015	5 2016(a)
1.	Prior	568,593	991,311	0	0	
2.	2012	993,257	1,136,986	1,135,354		
3.	2013	XXX	1,120,922	1,275,507	1,274,383	
4.	2014	XXX	XXX	1,054,446	1,191,507	1,190,018
5.	2015	XXX	XXX	XXX	780,421	920,990
6.	2016	XXX	XXX	XXX	XXX	705,745

Section B - Other Accident and Health

1.	Prior	187,950	187,688	0	0	
2.	2012	174,876	200,170	199,004		
3.	2013	XXX	198,034	225,412	224,198	
4.	2014	XXX	XXX	186,667	212,848	211,857
5.	2015	XXX	XXX	XXX	134,868	156,320
6.	2016	XXX	XXX	XXX	XXX	107,347

Section C - Credit Accident and Health

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX				
5.	2015	XXX	XXX	XXX		
6.	2016	XXX	XXX	XXX	XXX	

Section D -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX				
5.	2015	XXX	XXX	XXX		
6.	2016	XXX	XXX	XXX	XXX	

Section E -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX				
5.	2015	XXX	XXX	XXX		
6.	2016	XXX	XXX	XXX	XXX	

Section F -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX				
5.	2015	XXX	XXX	XXX		
6.	2016	XXX	XXX	XXX	XXX	

Section G -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX				
5.	2015	XXX	XXX	XXX		
6.	2016	XXX	XXX	XXX	XXX	

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Net Amounts Paid for Cost Containment Expenses				
		1 2012	2 2013	3 2014	4 2015	5 2016
1.	Prior	507	0	0	0	
2.	2012	15,607	519			
3.	2013	XXX	15,586	1,881		
4.	2014	XXX	XXX	12,250	1,477	
5.	2015	XXX	XXX	XXX	11,521	1,840
6.	2016	XXX	XXX	XXX	XXX	11,725

Section B - Other Accident and Health

1.	Prior	83	0	0	0	
2.	2012	3,029	58			
3.	2013	XXX	2,951	104		
4.	2014	XXX	XXX	2,513	93	
5.	2015	XXX	XXX	XXX	2,101	69
6.	2016	XXX	XXX	XXX	XXX	2,078

Section C - Credit Accident and Health

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX	XX			
5.	2015	XXX	XX			
6.	2016	XXX	XXX	XXX	XXX	

Section D -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX	XX			
5.	2015	XXX	XX			
6.	2016	XXX	XXX	XXX	XXX	

Section E -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX	XX			
5.	2015	XXX	XX			
6.	2016	XXX	XXX	XXX	XXX	

Section F -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX	XX			
5.	2015	XXX	XX			
6.	2016	XXX	XXX	XXX	XXX	

Section G -

1.	Prior					
2.	2012					
3.	2013	XXX				
4.	2014	XXX	XX			
5.	2015	XXX	XX			
6.	2016	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2016 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012	1, 157,537	1, 137,029	1, 135,354	XXX	XXX
2. 2013	XXX	1,291,596	1,275,910	1,274,383	XXX
3. 2014	XXX	XXX	1, 199,802	1, 192, 128	1, 190,018
4. 2015	XXX	XXX	XXX	925,405	920,569
5. 2016	XXX	XXX	XXX	XXX	849,850

Section B - Other Accident and Health

1. 2012	208,044	200,280	199,004	XXX	XXX
2. 2013	XXX	227,839	225,512	224,198	XXX
3. 2014	XXX	XXX	210,979	212,938	211,857
4. 2015	XXX	XXX	XXX	158,729	156,574
5. 2016	XXX	XXX	XXX	XXX	126,995

Section C - Credit Accident and Health

1. 2012				XXX	XXX
2. 2013	XXX				XXX
3. 2014	XXX				
4. 2015	XXX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section D -

1. 2012				XXX	XXX
2. 2013	XXX				XXX
3. 2014	XXX				
4. 2015	XX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section E -

1. 2012				XXX	XXX
2. 2013	XXX				XXX
3. 2014	XXX				
4. 2015	XX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section F -

1. 2012				XXX	XXX
2. 2013	XXX				XXX
3. 2014	XXX				
4. 2015	XX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section G -

1. 2012				XXX	XXX
2. 2013	XXX				XXX
3. 2014	XXX				
4. 2015	XX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012	1, 173,550	1, 137,549	1, 135,354		
2. 2013	XXX	1, 307,565	1, 277,792	1, 274,383	
3. 2014	XXX	XXX	1, 212,262	1, 193,606	1, 190,018
4. 2015	XXX	XXX	XXX	937,316	922,409
5. 2016	XXX	XXX	XXX	XXX	862,037

Section B - Other Accident and Health

1. 2012	211,133	200,338	199,004		
2. 2013	XXX	230,843	225,616	224,198	
3. 2014	XXX	XXX	213,524	213,032	211,857
4. 2015	XXX	XXX	XXX	160,880	156,643
5. 2016	XXX	XXX	XXX	XXX	129,124

Section C - Credit Accident and Health

1. 2012					
2. 2013	XXX				
3. 2014	XXX				
4. 2015	XXX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section D -

1. 2012					
2. 2013	XXX				
3. 2014	XXX				
4. 2015	XXX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section E -

1. 2012					
2. 2013	XXX				
3. 2014	XXX				
4. 2015	XXX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section F -

1. 2012					
2. 2013	XXX				
3. 2014	XXX				
4. 2015	XXX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

Section G -

1. 2012					
2. 2013	XXX				
3. 2014	XXX				
4. 2015	XXX	XX	XXX		
5. 2016	XXX	XX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1. Industrial Life			
2. Ordinary Life		Standard Factor	66
3. Individual Annuity			
4. Supplementary Contracts			
5. Credit Life			
6. Group Life		Standard Factor	543
7. Group Annuities			
8. Group Accident and Health		Development	143,684
9. Credit Accident and Health			
10. Other Accident and Health		Development	19,902
11. Total			164,195

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